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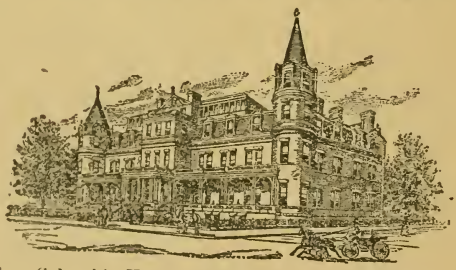

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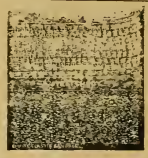

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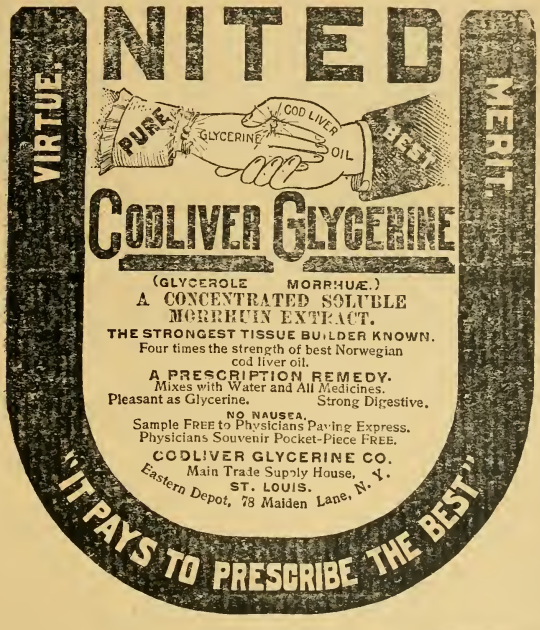

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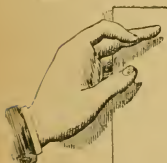

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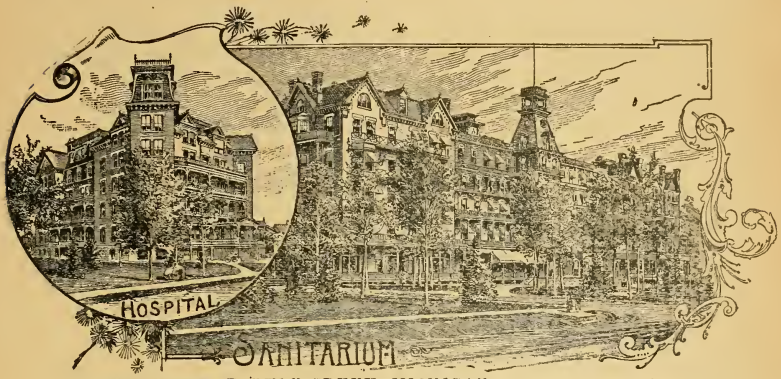

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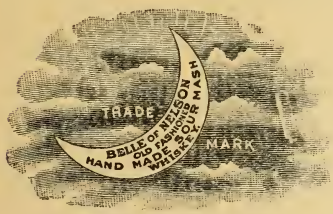

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Charlotte Medical Journal.

Vol. V. CHARLOTTE, N. C., JULY, 1894. No. 1.

Original Communications.

Laparotomy for Relief of Intussusception, with Report of a Case Occurring in a Child Aet Nine Months.

From Report Louisville Medico-Chirurgical Society, May, 1894. (Stenographically Reported by C. C. Mapes.

By W. O. Roberts, M. D.

On Tuesday, April 26th, at 12:30 p. m. I was called by telephone to 24th and Griffith Avenue by Dr. Turner Anderson to do a laparotomy of intussusception. Dr. Henry Houser, who happened in my office as I was starting, accompanied me. On reaching the house, we learned from Dr. Anderson that he had seen the case for the first time at 11 o'clock, and after a fruitless attempt to reduce the intussusception, he advised a laparotomy and telephoned me. The child had been sick since the Friday morning preceding our visit. A West End physician had been in attendance, who, after trying the usual remedies without any benefit, suggested operative interference, and was promptly relieved of the case. Dr. Anderson was then called.

The child was nine months old, a girl, had always been perfectly healthy and was well developed. The attack came on suddenly, without any assignable cause. It presented the usual symptoms, viz: intense paroxysms of pain, frequent straining at stool with passage of blood and mucus, and frequent vomiting. The intussusception extended to the anus, and was very deeply congested. A sausage-shaped tumor could be distinctly outlined in the left side of the abdomen; the abdominal cavity was but slightly distended. The intussusceptum could be pushed up as far as the finger would reach with perfect ease. While going under chloroform the straining effort forced the intussusceptum two inches outside the anus. As before stated it was quite deeply congested, but no ulceration or excoriations were detected.

Notwithstanding the feeble condition of the child's heart, a lap-

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arotomy was performed. The abdomen was quickly opened in the median line between the umbilicus and symphysis and the tumor was found a little below and to the left of the umbilicus. After gentle traction assisted by Dr. Anderson pushing from below the intussusception was relieved. It proved to have started at the cæcum which had extended clear through the colon and the rectum, taking with it the ileum and its mesentary. No injury was done the gut in the operation and it seemed to be in good condition after the intussusception was relieved. The child became pulseless during the operation and a number of hypodermic injections of whisky were given. It was on the table only about twenty-five minutes. After being put to bed it was given morphine and atropine hypodermically and for a while rallied considerably, but finally began to sink and in a few hours, like the majority of such cases, it died.

In looking over the history of intussusception I find that, according to Treves three-eighths of all cases of intestinal obstruction are due to intussusception. Heusner puts the proportion at three-fourths. The American Text Book of Surgery says thirty per cent. excluding cases due to hernias and malformations, and Moullin estimates it at about one-third. Fifty per cent. of the cases occur in children under the age of ten years, and twenty-five per cent. in the first twelve months of life. Eustace Smith says that obstruction is rarely due to any other cause in children. Of fifty-two cases collected by J. Lewis Smith, thirty-one occurred during the first year of life. Hare, in his late work, says it is the commonest of all causes of obstruction, and during the first year of life it is more common than all the other causes combined. After the age of five years it becomes comparatively rare until the fortieth or fiftieth year when it again increases in frequency of occurrence. During the first year of life it is met with more frequently in boys than in girls, in the proportion of about three to one, but as the age increases the relative disproportion gradually diminishes. Under twenty months of age those that are attacked are usually sturdy and well nourished children, while in older ones it is more frequently met with in those that are run down in health from some intestinal disorder.

Billiot attributes this comparative frequency in infants to "the looser connections of the cæcum in the iliac fossa at this age, and

also to the imperfect development of its muscular bands which lessens its resistance to the penetration of the small intestine into its interior." J. Lewis Smith, I think, gives about the best explanation of the comparative frequency of the disease in children. He says, "It is due partly to the anatomical character of the intestines in this period of life, doubtless, to the fact that there are more frequent irregularities in the intestinal movements than in older children. In fact the walls of the intestines are thin, the mucus and muscular coats and the connective tissue being much less developed than in those that are older; the mesentery and the meso-colon have also greater depth as compared with the same in other periods of life, except with the meso-colon at the points where it passes over the kidneys, in which places it is very short, or even in some cases nearly absent. Moreover, the space occupied by the large intestine, in which part of the digestive tube intussusception commonly occurs, is much shorter relatively to the length of the intestine than in those that are older." In about thirty measurements which he has made of the length of the large intestine and the space occupied by it, the latter was found in the average about one-third that of the former, which, of course, necessitates doubling of the intestine on itself.

The varieties as to location are ileo-cæcal, where the cæcum are turned into the colon; ileo-colic, where the the ileum passes through the ileo-cæcal valve and finally brings along with it the colon; the colic in which the colon alone is involved, and the enteric, where the invagination is located entirely in the small intestines. The ileo-colic is by far the most frequent. Treves says about seventy per cent. of all cases in babies are of this variety. After invagination takes place, peristaltic movements are excited and the intussusceptum is pushed farther and farther until frequently it protrudes through the anus.

In the case of Harrison Cripps (Lancet of June 2d, 1888), "the patient, a child seven months old, was admitted to the hospital with the bowel in a gangrenous condition, protruding from the anus. It sloughed away gradually and at the end of a month the case was discharged cured. The child afterward died of scarlet fever, and at the autopsy the small intestine was found attached to the anus. There were no traces of the ascending, transverse or descending colon."

In about one-half of all the cases, the children are in perfect health and the attack comes on suddenly without any assignable cause. Most authorities claim diarrhœ, colic, tenesmus, from any cause as constipation, polypus, phimosia, etc., play a considerable part as etiological factors. Jacobi and others deny this. Some cases seem traceable to falls. Jacobi reports one case that was produced apparently by a child being jumped up and down in its mother's arms.

Symptoms and Treatment.

The symptoms usually come on suddenly and with great violence, especially is this the case when invagination occurs at the ileo-cæcal opening. The symptoms are much less severe when invagination is located in the colon. Pain is paroxysmal in character, due to the irregular peristaltic action of the bowels, and these paroxysms steadily increase in frequency and severity. Vomiting is a prominent symptom, not so marked, however, as in strangulated hernia, in the beginning of the attack, but after a while it becomes very marked. The abdomen at first is not tender, and slight pressure seems to give comfort to the patient; after a while when inflammation occurs, of course it becomes exceedingly sensitive. It is not always distended. In the beginning of the trouble there is not complete occlusion and the consequence is that distension is not marked, but after swelling takes place the lumen of the protruded portion becomes obliterated, then distension becomes very marked. These cases, if not relieved, inflammation occurs and in a small proportion sloughing of the intussusceptum takes place, and in cases where this does occur about forty-one per cent. recover. Many of these, however, afterward die from perforation of the cicatrix. A tumor can be detected usually in about one-half the cases. The prognosis is very bad.

In the American Text Book of Surgery it is claimed that about eighty per cent. of the cases treated medically die. Treves gives the mortality in 133 recorded cases, where radical operations were performed, as seventy-two per cent. When reduction was easy it was thirty per cent. and ninety-one per cent. when reduction was difficult. Hare in his work gives the mortality seventy-four per per cent. when the cases tried were treated medically and seventy-five and four-tenths per cent. where abdominal section was done.

In most cases where abdominal section has been performed, the cases have been treated for quite a while by medical means, and of course it does not give the surgeon a proper showing. I have no doubt if early operation was performed that the mortality would be much less.

The medical treatment consists in the use of opium and belladonna for the purpose of relieving pain and peristalsis, then endeavoring to overcome the intussusception by injections and by insufflation. Injections should always be used early in the case. If it is deferred until inflammation occurs, until the intussusception becomes fixed, then I believe it is exceedingly dangerous, the danger being over-distension and rupture of the gut. The same thing will apply to the use of insufflation. Some authorities recommend that injections be used without anæsthesia, so that it can be told by the sensation of the patient when there has been sufficient water thrown into the bowel. At the same time they recommend that insufflation be used under an anæsthetic with the patient in the inverted position. After a trial of these means for a short time with negative results, then operative interference ought to be instituted at once. The best point of doing a laparotomy is in the median line. It is usually not difficult to reach the intussusception by this incision, but if this cannot be done, it is a very easy matter to make an incision directly over the seat of the tumor. Great care should be taken in overcoming the invagination; by pressure upon the gut you can empty it to a certain extent of its distended blood vessels, then by careful pressure upon the protruding portion from below, as was done in the case I operated upon, you can usually overcome the invagination without much difficulty, provided inflammation has not occurred and adhesion of the serous surfaces taken place. When this has been done they may be broken up usually by use of a probe. Where we fail to relieve the invagination then it becomes necessary either :—

First—To make a lateral anastomosis above and below the intussusception, or

Second—To resect the affected portion of the gut and make an end to end anastomosis, or

Third—To make an artificial anus.

The mortality is always very much greater where the trouble occues in the young.

DISCUSSION.

Dr. Turner Anderson:—Dr. Roberts has reported the case so fully that there is really nothing left to be said. I saw the patient one and one-half hours before the operation. The child when first seen presented the unmistakable physiogomy of a serious illness, that was about all. It was being carried around the room upon its mother's arm, and would occasionally manifest evidence of abdominal pain, but was not screaming; except for the pinched appearance of its countenance, I would scarcely have recognized that the child was more seriously ill than when suffering from an ordinary attack of colic. But the history of the case was important; the child had been ill four days under the care of a very excellent medical practitioner. He had suggested the day before that an operation be performed, and I am satisfied had made (although I do not know positively) a diagnosis of the condition. Diagnosis of the case was not difficult; the abdomen was not especially distended, in fact there was very little tympanites, but there was a sausage roll extending from the region of the sigmoid flexure upwards for about four to five inches, and at variable intervals the child would manifest considerable discomfort and straining. Upon inspecting the rectum there was no difficulty in detecting the protruding mass just within the sphincter, which, as Dr. Roberts has said, came out after the child was partly under the influence of the anæsthetic possibly two inches through the sphincter muscle. I had the child suspended by the legs and introducing my finger into the rectum I could press up the invaginated portion, and at first I pressed it so far that I hoped it had been returned. I could feel all the way around it, could dilate the gut to such extent as to make the diagnosis complete. It began at the cæcum passing through the colon, carrying with it the vermiform appendix and pulling down the smaller bowel as it descended through the larger bowel and rectum to the anus, so that when it was relieved the last portion to come out was the cæcum and the appendix. The cæcum and appendix were so enlarged and œdematous that had they been seen at first, there would have been a suspicion that the trouble was malignant in character. In other words, the morbid processes had extended to such an extent as to at first sight make the condition questionable.

With reference to the symptoms in these cases: I think the

most important are straining, bloody dejections, and the absence of natural alvine evacuations. Ordinarily a tumor can be detected, such at least is my experience.

Dr. A. M. Cartledge: The only case of obstruction of the bowels that I have seen in the young child occurred in a little girl three years of age, and was volvulus. The only case of invagination I have seen in a surgical way in the adult occurred in a young man in Indiana about a year ago. I exhibited the specimen and reported the case at some length before this Society at the time. The invagination was at the ileo-caecal valve and was about eight inches in extent. I resected the invaginated mass and made an end to end anastomosis. but necrosis and gangrene had taken place at the time of the operation, and the patient died three hours afterward.

Dr. A. M. Vance: I have never performed a laparotomy for intussusception, although I have seen several cases in which operation has been advised by others. I was recently called to see a child five months old reported to be suffering from invagination; I did not think operation advisable in the condition in which I found the child. The child died the day following. It is a wonder to me that invagination does not occur oftener, when we consider the tremendous suction power of the intestine. I have demonstrated this a great many times in operating upon dogs in endeavoring to make an end to end anastomosis. In approximating the afferent and efferent ends, the afferent would sometimes be sucked into the lower end, requiring considerable force to bring it back by the suture attached. I can understand readily how, when invagination starts it would be carried right along by the sucking power of the intestine, the bowel above contracting and the muscular coat relaxing below forcing the intussusceptum downward very rapidly. In making an end to end anastomosis upon dogs I have often inserted my finger into the lower portion of the intestine, and the suction and contraction is so great as to make it perceptibly painful.

My experience is that babies particularly stand abdominal surgery very badly. I think the percentage of deaths would be more than double as compared with people who are older.

Dr. C. Skinner: I do not think all cases of appendicitis should be condemned to the knife, but do believe that all cases of intussusception belong to the surgeon.

Dr. H. A. Cottell: As I stated before a recent meeting of this Society, in discussing the question of appendicitis, the only case of intestinal obstruction, which was probably appendicitis never made out, that I had seen which proved fatal occurred in the person of a child two years of age. We had the counsel of several eminent physicians and at least one eminent surgeon. The case was decided non-operable, the opinion being based upon the extremely tender age of the patient. I am satisfied, however, that a case in the hands of Prof. Anderson or Prof. Roberts would get all the chances of life that science could give it. I doubt if operation on any patient of such a tender age could be done with any reasonable hope of success.

Dr. J. A. Larrabee: It has been my fortune—or misfortune, I take it—to have seen quite a large number of cases of intussusception. In looking back over my practice I can recall by name thirteen cases—twelve deaths and one attempt at recovery. One of them came very near being a repetition of the very strange case referred to by Dr. Roberts to-night—a negro child that lived three weeks after sloughing of the intestines, then died of perforation.

One point mentioned by Dr. Anderson in regard to these cases has been borne out by my experience, i. e., the diagnosis is not as difficult as it might at first present. It is a little strange that earlier diagnosis is not arrived at when we take into consideration the facts already recited to-night. The history of these cases is that they are always of sudden occurrence; next, the peculiar facial expression—Dr. Anderson has alluded to that, and I consider it one of the best points made in connection with the subject—there is not as much pain as is manifest in ordinary colic, but there is never a case without that peculiarity of expression which he has so correctly described. Again I have never seen a case in which I was not able to make out a sausage like tumor, except one. This occurred in a child suffering with an attack of varicella; intussusception came on without any cause, and like most such cases occurred suddenly at, or immediately after, straining at stool.

Dr. Vance has brought up a very significant point in this connection, viz., the suction of the intestine. When the intussusceptum once gets started it is carried on by this suction. Most of the cases I have seen have occurred immediately after efforts at stool.

As I have already stated the diagnosis in my experience has been comparatively easy; I have never made more than two visits before satisfying myself as to the diagnosis. As Dr. Skinner has very correctly said, these cases are strictly surgical just as soon as they are diagnosticated, and with the power of making early diagnosis, with the facts against its being anything else, either in the very young or the very old, I think the surgeon ought to be employed very early. I am a little surprised to hear Dr. Vance say that babies stand abdominal surgery so badly; I did not know that the operation was attended with such fatal results. I think the hope we have for relief by means of surgery is greater than by medical treatment; in my experience five days was the limit of life in these cases treated medically.

Dr. W. L. Rodman: I think the relative frequency of intussusception in children is clearly due mostly to anatomical reasons; due to the same cause which makes hernia so very common in young children. In early childhood the mesentery is nearly twice as long relatively as it is in the adult; this same mesentery becomes again elongated in older subjects. This to my mind explains the comparative frequency of intussusception and hernia in the young, and in advanced age.

I fully agree with the position taken by Dr. Roberts as to the treatment. I feel that the importance of surgery in these cases cannot be over estimated. While enemata may relieve a few cases in the very early stage of the trouble, and I think it should be always tried, just as taxis should always be tried in early strangulated hernia, I am satisfied that it should be tried no longer than taxis in hernia, and should the enemata fail to relieve the case very promptly I am thoroughly satisfied that the case demands early laparotomy. I therefore agree with the essayist that most of these cases call for a laparotomy, though they should certainly be treated medically at first. I hardly believe that the mortality is as great as statistics would make it appear. If the cases could be seen and operated on as early for instance as in strangulated hernia, I think the results would be very much better than they now seem to be. Certainly nature will do less for these cases than obtains in strangulated hernia, therefore early laparotomy for relief of the intussusception is demanded, and when the operation is done early in the attack I believe results will be more favorable.

Abstract of the President's Address.

Delivered Before the American Medical Association, at the Forty-Fifth Annual Meeting, Held at San Francisco, Cal., June 5, 1894.

By JAMES F. HIBBERD, M. D., LL.D., Richmond, Indiana.

After thanking the Association for having conferred upon him the honor of presiding over its deliberations, and referring to the beautiful scenery and the scientific menu of the program, Dr. Hibberd spoke of the change of the time of the meeting, which had been rendered desirable in order that many of the State societies would have an opportunity to act on the question of the revision of the Code of Ethics.

At every annual meeting the officers of the Association, particularly the Permanent Secretary and the Treasurer, have difficulty in appeasing delegates who are not received because the credentials presented by them have not been issued by a society entitled to representation in the Association. The law regulating this matter is plain, to wit: "The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized *by representation* in their respective State Societies." Some of the State Societies are not representative bodies, and consequently this constitutional provision cuts off all delegates from such States, except those commissioned by the State Society itself. While this is the letter of the law, it is not the spirit that animates the organization of the Association. The constitution should be revised in this particular at least.

This trouble could be overcome either by a change in the constitution, or, better, by representation of every county society in its State society. The plan of organization so long in successful and satisfactory operation in Indiana might serve as a paradigm. In Indiana the State Society and each county society is a legal corporation. This is not essential, but desirable. Then, every medical man ought to belong to a county or similar society, and thereby to their respective State societies, whence, for the asking, they can step through the portals of this Association, and find in the sections a department already organized into which they can enter, each according to his tastes or qualifications, and where a member

of any of the special organizations will find himself in the midst of all the members of the Association, whose tastes run parallel with his own, whether specialist or general practitioner.

When Dr. Geo. M. Sternberg was appointed Surgeon General of the Army, in May last, he made two innovations in the administration of the affairs of the office: 1st. In establishing an Army Medical School to give passed candidates for appointment to the army laboratory practice in bacteriology, sanitary chemistry and other essential instructions for military service. 2d. The position of attending surgeon in cities having good facilities for medical improvement he filled with young men who were preparing for promotion. These changes did an excellent work, without additional expense to the government; the Museum and Library Building furnished the rooms, and the medical officers on duty in Washington did the teaching, in addition to their regular work. But the number of active young surgeons about Washington and other cities attracted observation, and led the chairman of the committee on military affairs to conclude there was a surplus of assistant surgeons, and in his report to the House he reduced the number from 125 to 90, inhibiting fresh appointments until the number shall be reduced. This recommendation has passed the House, and should it be approved by the Senate will greatly embarrass the Medical Service of the Army, and in the end be a detriment to the country, because many military posts will have to depend on civil physicians for medical attendance, and in case of war these would not take the field, and the army would be without trained medical officers, which would be as serious an evil as unskilled officers in any other department. When these facts were pointed out to the chairman of the committee by other members with better knowledge of practical military affairs, the chairman replied that no one outside of the Army Surgeons had complained, not a single medical society had claimed that an injury would result. Let the American Medical Association at once call the attention of Congress to the mistake threatened.

For twelve years the appropriation for the support of the Library of the Surgeon General's office was $10,000, but the last Congress reduced it to $7,000 and the present Congress proposes to continue the reduction. This is a National Medical Library, open to and used by physicians from all parts of the country, and the possi-

bility of finding at one place in this country the greater part of the literature on any medical subject has exercised a powerful influence on American Medical Literature and education. The library aims to obtain every medical book, periodical and report published in any country or language as soon as possible after its issue, and have it at once catalogued and indexed and made available for use. This requires about $7,500 annually. There are still between 20,000 and 30,000 volumes of medical books, published years ago, required to complete its equipment to meet ail calls made upon it. These volumes are out of print, and only to be obtained from second-hand booksellers and auction sales as opportunity offers, and will involve, say $2,500 spent annually for perhaps ten years.

The desirability of supervision of public health by the general government has been recognized by this association for many years and manifested in various ways. Four years ago a committee, with Dr. C. G. Comegys chairman, was appointed to prepare a bill, and petition Congress on behalf of the Association to establish a Department of Public Health. This committee has been continued, somewhat modified, and has reported annually to the Association. Last year the Association appointed another committee, with U. O. B. Wingate as chairman, to consult with a like committee of the American Public Health Association, which has for several years been engaged in an effort to induce Congress to enact a law placing the supervision of the public health in charge of the general government. Other organizations have likewise entered Congress with similar petitions. However, it seems the sentiment of the Executive and Legislative departments of the government is such as to rob us of all hope of the establishment of a Department of Public Health within the remainder of the 19th century. A bureau of public health, with a commissioner as its chief within one of the existing departments of the government was apparently within reach of a united, harmonious aggressive effort of the profession for a year or two previous to the enlargement of the power of the Marine Hospital service by the last preceding Congress, but the excellent work of that service has lessened the anxiety of the government and public. The outlook at this time is not encouraging, but if the problems in silver, and tariff, and national revenue should be speedily and satisfactorily solved, there might

appear a ray of hope for a bureau within the life of the present Congress, provided the medical and sanitary professions would make common and joint effort in demanding it. At present there is no measure formulated in this behalf so worthy of support as the New York Academy bill, now in the hands of Congress. There is no question but strong opposition to this bill has been made by strong men, but the fitness of sanitary human nature for great things is such, that if the opposition to the bill present a better than it, its friends will accept, and if this bill sustains its present status under severest scrutiny, its opponents will join in urging its enactment into a law, and thereby vindicate characters at once wise and patriotic.

Vaccination and other forms of sanitation have prevented a visitation of an epidemic of smallpox in this country for a generation, and the people have lost the fear of its contagion through ignorance of its nature while progressing, and its sequelæ if its victim survive. The disorders that sometimes follow the insertion of pure vaccine in a cachetic system, and the greater evils arising from the use of spurious or imperfect vaccine and careless vaccination, which are all open to the observation of the public and subject to amplification by cranks and the maliciously ignorant, cause a positive distaste for vaccination among a considerable portion of our population, and a carelessness about securing it on the part of a much larger number. These facts should inspire physicians and other sanitarians, who are the custodians of the knowledge of the value of vaccination to redoubled activity in devising and executing popular methods of instruction as to the entire reliability of vaccination to protect from small pox as much so as small pox itself, and that with pure vaccine inserted under proper conditions into the tissues of a person fit to receive it there is positively no shadow of evil, but a promise of good not surpassed by any other single measure of preventive medicine. Evidence accumulates that the undetermined conditions that conduce to the propagation of small pox are now, and for at least two years have been, prevalent in this country, resulting in outbreaks of the disease more or less serious in various parts of the country, and too often leaving foci from which fresh infection is distributed. Let us abide in the hope that the Jenner centennial celebration, provided by this Association, and to be a part of its exercises at the annual meeting in 1896, may

bring out the boundless blessings of the discovery of the immortal Jenner in such wise that all men shall see and acknowledge its protecting power.

Two leading purposes the fathers of this Association had in view at its organization, demanding its serious consideration, were the elevation of the standard of medical education, and that the authority to decide upon the sufficiency of the qualifications of a candidate for a diploma should not rest with his teachers. Much has been done in advancing the extent and character of the collegiate instruction of medical students; the examination of candidates for diplomas is still conducted by the teachers who instructed them, as was done then, and is no more satisfactory to the thoughtful minority of the profession than it was then.

The progress of medicine in the immediate future must be along biologic lines, and it seems desirable that every medical college should have a chair devoted specially to instruction in biology. No one people, or class of people, can claim exclusively to have opened the way into the more primitive arena of nature. The physicists of all nations, botanists, zoologists, anatomists, physiologists and their congeners have all participated in the progress. Schwan, Virchow, Ferrier, Jackson, Pasteur, Koch and Steinberg may be mentioned without prejudice to the labor, name or fame of their many coadjutors, as examples of what benefactors to our race scientists may become whose genius lifts them to a plane of investigation not covered by the curricula prescribed in the Medical Schools of their day, and their distinction is due to their advanced study of biology.

The question of changing the constitution may be readily settled at this meeting by taking a vote to determine whether the voters present desire any change in the existing constitution. If the decision is against any changes, the affair is concluded for the once. If the decision expresses dissatisfaction with the constitution as it is, the next question should be—Is the report of the committee of revision precisely what the voters want as a substitute? An affirmative vote here settles the matter, and a negative vote will call for amendments that will adjust either the existing constitution, or the committee's substitute, until it conforms to the wishes of the delegates. This may be done without excitement and with a minimum waste of time.

With the Code of Ethics, also, even more than with remodeling the constitution, there is much warmth of feeling, and, as in that case, a little calm forethought will convince that a primary vote involving the question whether or not the voters want any alteration of the Code, may end further consideration of the subject without excitement, confusion or over-warmth of feeling, by a decision to let the Code stand as it is, and a contrary decision will call for further procedure, as recited for the completion of an amended constitution.

A Review of Anæsthesia and Anæsthetics.

Upon Works of Eminent Anæsthetians.

By J. J. CALDWELL, M. D., Neurologist, and Expert in Medico-Legal Procedure.

I have no hesitancy in stating as my belief that were these batteries generally recommended to be placed at life-saving stations, &c., many of the apparently drowned could be saved, even after all semblance of animation had ceased, or even as long as there remained one spark of vitality and heat in the great nerve centres. This paper would be incomplete if I failed to refer to the electromotor properties of the animal body, in order that we may have a clearer understanding of the changes produced by the action of the electric current on the various animal tissues.

E. Du Bois Reymond was the first to succeed in demonstrating the presence of specific muscle and nerve currents, by the deflection of the magnetic needle; and it was he, also, who ascertained that "if the nerve or muscle be excited by electric currents, or by mechanical or chemical irritants, so that the first is rendered physiologically active, and the latter caused to contract, and then placed at two symmetrical points in connection with the galvano-multiplier, a less deflection of the needle is produced than when the nerve or muscle is in a quiescent state. This is called the negative variation of the current."

The conclusion arrived at by Du Bois Reymond was that nerve and muscle contain innumerable positive and negative electric molecules, which move with great regularity throughout the tissue. Then, perchance, the power of electricity, in these cases, may be to restore the suspended electrical forces of the body to a normal

condition, and thus reanimate the failing vitality. The toxic condition produced by chloroform may be remedied much in the same way; that is to say, by appealing to the vaso-motor centres through the pneumogastric axis.

For experiments illustrating the influence of anæsthetics on the vaso-motor centres, permit me to extract from a late and able paper by Drs. Bowditch and Minot, read before the Boston Society of Medical Science, and reported in the Boston Medical and Surgical Journal, of May, 1874:

"Anæsthetics, in producing insensibility to pain, accomplish such results by antagonizing the effects of irritation of sensitive nerves. One of the most constant physiological results of irritation of a sensitive nerve is a rise of arterial blood-tension, due to a reflex stimulation through the vaso-motor centres of the muscular walls of the smaller arteries; especially those of the intestines.

It is ascertained that in the majority of cases the size of blood tension consequent upon the irritation of the saphenous nerve, is less marked when the animal is under the influence of ether than when the anæsthetic is not used.

"The first object was to determine the effects of anæsthetics on reflex rise of blood tension. This was accomplished in the following manner:

"An animal being placed on the operating table in the supine condition, a solution of curara was injected into the jugular vein, when paralysis ensued. When the respiratory movements ceased, the trachea was connected by means of a glass canula, inserted into it with the apparatus for artificial respiration, which was so adjusted as to imitate, as closely as possible, the normal respiratory rhythm. A canula was then placed in the carotid artery and connected with a mercury manometer, carrying a pen, by means of which the blood tension was recorded on a long strip of paper which was kept in uniform motion by clock work. The saphenous nerve was then placed upon electrodes.

"The irritation of the nerve was produced by closing the currents, by means of a key provided with a pen, thus recording the blood-tension, which could be seen at a glance. After the anæsthetic had been administered, the nerve was again irritated. The blood-tension was totally decreased, and so continued to be as long as these experiments were tried.

"But far more constant and obvious were the results obtained from chloroform. Here the irritation of the saphenous nerve caused a less marked rise in the blood tension, and sometimes there was no rise whatever.'

These facts present to my mind the clearest evidence in favor of the electrical remedy in cases of deep chloroform toxæmia, and the propriety of having accessibility to a Faradic instrument, complete and ready for immediate use, in chloroform administrations. It is also more than probable that electricity would be serviceable in many cases of still-birth.

A youth, aged seventeen years, while bathing, suddenly disappeared, and was beyond the aid of spectators or other bathers. "After awhile the tide drifted him ashore far below the place he was last seen; he was taken up for dead, and a barrel made ready for the old process of resuscitation." In a short time, Dr. Hastings, of Philadelphia, arrived with a battery and applied the electric poles to his stomach and back, thus contracting the muscles of the stomach, causing the water to pass from his mouth; then he inflated his lungs, and injected stimulants and medicine into his bowels. When he first examined the body there was no heart beat, no pulse, no circulation whatever. In less than an hour he had caused an artificial circulation through the heart, and he breathed; and shortly after that was screaming for help with all the agony of a drowning man. After six days he was restored to his right mind, but his memory of the event was gone, as much so as if his life had been entirely cut off. It is probable that, after awhile, as strength returns and old associations surround him, the memory of the fearful event will return.

Dr. Scheling reports, in the New York Medical Journal, that after several hours' continued use of Dr. A. Murray's double-celled electrical apparatus, he succeeded in saving the life of a patient who had taken seven and a half grains of morphine.

Says Dr. Dabney:

"To obtain an efficient antidote for chloroform narcosis has long been a great desideratum. It is the general belief at the present day that ether is safer than chloroform; but, in many respects, the latter is to be preferred. It produces its effects much quicker than ether; its vapor is not inflammable as is that of ether, and

it does not generally cause the feeling of suffocation which ether does"

Various means have been used to counteract the ill effects of chloroform when they supervene, depending on the character of the dangerous symptoms. Electricity, cold effusions, and artificial respiration have been the means chiefly employed for that purpose. All of these are possessed of considerable efficacy in certain cases.

We can pursue our studies to better advantage, however, by considering the modes in which chloroform kills. According to Gross (System of Surgery, Vol. 1st, page 563), it may cause death in four different ways—viz: 1. By coma. 2. By asphyxia. 3. By syncope. 4. By gastric irritation.

1. Coma, as a mode of death from chloroform, occurs chiefly in old and debilitated individuals, or in those whose constitutions have been weakened by alcoholic or venereal excess. It is probably owing to the absorption of the chloroform and its powerful sedative influence over the brain and spinal cord. The action of the heart usually ceases with or before the cessation of respiration.

2. Death by asphyxia is usually caused by the want of a proper proportion of atmospheric air with the chloroform vapor. The air cells become loaded with the vapor of the chloroform, and the blood is deprived of the normal quantity of oxygen. Only one surgeon of the present day, so far as we are informed, believe in thus cutting off the supply of air and overwhelming the patient with chloroform. The respiration usually ceases first, the heart continuing to beat some time longer.

3. Death by syncope is usually due to paralysis of the heart. The countenance, when death is threatened in this manner, is usually very pale, and the pulse very weak and fluttering. The action of the heart ceases before the cessation of respiration.

4. Death from gastric irritation is very rare, and usually occurs gradually. The second and fourth modes of death need not engage our attention further in this article. The first and third, which have some features in common, demand further consideration from us.

In both of these the heart's action ceases before the cessation of respiration, and in both some powerful stimulant is required. Having thus examined briefly the modes in which chloroform may kill,

and having seen that in two of the modes at least, nervous stimulants are indicated, it is advisable that we should examine into the physiological properties of nitrate of amyl.

In 1864 Dr. B. W. Richardson reported to the British Association for the Advancement of Science that "the nitrate of amyl was, as an excitant of vascular action, the most powerful agent as yet physiologically discovered." This report excited considerable interest in this direction, and its physiological properties were were made the subject of study and experiment by several physiologists. The conclusions at which they arrived were entirely at variance with those of Richardson with regard to its action as an excitant of vascular action.

Dr. H. C. Wood, of Philadelphia, undertook a series of experiments to determine which of the two accounts as to its action was correct; which experiments, like those of Gambee and Rutherford, tended to prove that it was a cardiac stimulant.

In the summer of 1872 a case occurred in the practice of my friend, Dr. W. R. Nelson, of Charlottesville, a prominent feature of which was the occurrence of repeated attacks of syncope, which was of very long duration, and from which the patient could with difficulty be aroused. At the suggestion of Prof. I. L. Cabell, of the University of Virginia, nitrate of amyl was given by inhalation in the dose of four or five drops. Her face instantly flushed up and she recovered her consciousness almost immediately; and on one occasion, I am informed by Prof. Cabell, when she seemed on the very verge of dissolution. It may be well to mention here that the nitrate of amyl has no effect on the coagulability of the blood, so far as known.

It's beneficial action does not seem to be confined to those cases in which there is great pallor. I recently attended a lady suffering from præ vertebral abscess, who frequently had attacks of insensibility, during which the heart's action was very weak (sometimes imperceptible), but the face was either natural or somewhat flushed. At Prof. Cabell's suggestion I administered amyl by inhalation in the dose of three drops, with the effect of bringing her to consciousness instantly. Arguing from the conclusions of Richardson, as to the action of amyl, and also from its action in Dr. Nelson's case, reported above, I thought it would prove of great

value in some cases of threatened death from chloroform, and determined to test its value.

My experiments, it is true, have been very few in number, and are not sufficient to lead to any definite conclusions as to its value, but you will see that, in three instances out of four, it produced marked effects.

Experiment 1.—Adult cat. The administration of chloroform was begun at 2:07 o'clock; at 2:15 the cat seemed thoroughly narcotized; the pulse was regular and strong, and breathing normal; at 2:19 the heart's beat was very weak and irregular, and the breathing very slow and labored; at 2:21 the heart's impulse was almost imperceptible, respiration gasping and at long intervals. Dropped five of amyl on a chip and held it to the nose; at 2:23 the heart was beating stronger and more regularly; at 2:25 heart beating with great force and breathing was hurried. She tried to move at this stage, but seemed to have lost all power over the voluntary muscles, except those which move the head from side to side, which responded slightly. At 2:30 she could move her fore legs and body, but dragged her hind legs. At 2:40 she had entirely recovered. In this case the chloroform was given gradually and mixed with a large proportion of atmospheric air.

Experiment 2.—Adult dog (terrier). The administration of chloroform was begun at 7:23 o'clock p. m. At 7:30 the dog was howling and sniffling, and passed his fœces. At 7:38 the narcosis was complete; the pulse and breathing were regular. At 7:42 the pulse was very weak; at 7:45 pulse almost imperceptible; breathing slow and labored. At 7:46 injected 5 minims of amyl, hypodermically; 7:38 heart beating violently, breathing quick, animal still apparently unconscious; 7:53 could move his head from side to side, but could move no other part of his body. He was then put out of doors; it was winter. At 8 o'clock he seemed to have entirely recovered. The chloroform vapor was mixed with air and given slowly.

Experiment 3.—Adult dog (terrier). Chloroform was given till his heart beat was almost imperceptible, and respiration at long intervals. Injected 5 minims of amyl; in two minutes his heart was beating with great force, and his breathing was very quick. There were present Drs. Nelson, of Charlottesville, Va., and Shel-

ton, of Galveston, Texas. The chloroform was mixed with air and given slowly.

Experiment 4.—Half-grown puppy. The administration of chloroform was begun at 11:15, and all air was excluded; 11:18, dog was howling and trying to escape; 11:20, poured on more chloroform; at 11:23, pulse weak and breathing very faintly. Stopped the chloroform, and injected 5 minims of nitrate of amyl, and began artificial respiration, but could not rouse the animal in any way or get the heart to act. At 11:30 I took out the heart, the right cavities of which were filled with venous blood, and dropped on four or five minims of amyl. This produced contraction. In the first three experiments, the chloroform vapor was mixed with air and given slowly; in the fourth, all air was excluded, and the animal overwhelmed with a large quantity of vapor at once.

In the first three experiments, also, the heart's action was much more affected than the respiration; in the fourth, the respiration had ceased entirely, before the amyl was injected.

In the first three experiments, the amyl produced a decided increase in the frequency and force of the heart's beats; in the fourth, no effect was produced.

I am informed that the nitrate of amyl has been used in one instance for chloroform narcosis in the human subject with success, but I did not see the report of the case myself, and therefore know none of the particulars.

My own experiments on animals, as I said before, are too few in number to lead to any positive conclusions, but I have brought the subject before the Society with the hope that some one, more skilled than myself in physiological experimentation, would test the value of amyl in chloroform narcosis, and give the result of his experience to the profession.

This is the resume of anæsthetics to date. The learned Dr. Turnbull, of Philadelphia, will discuss the subject as to its latest aspect, and afford you full information as to his views.

[*Continued.*]

The will of Sir Andrew Clark disposes of a property worth $1,021,000. A legacy of $2,500 is to be used in founding a medical scholarship at the London Hospital. The rest is to be distributed in the family. Sir Andrew started in life with only a small independent income.

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The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and produces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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The success of Fellow's Sprup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property o retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers sur rounding them) can then be examined, and the genuineness—or otherwise—of the tents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, New York.

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THE MEDICAL JOURNAL.

The medical journal is the physician's best adviser and most unselfish friend. To the old practitioner he looks forward to the coming of his medical journals with eagerness—some probably he has been taking for 20 or 30 years. It calls to memory scenes and reminiscences of the past, some pleasant and some bitter, but none of which he is willing to forget. A medical journal to the Young physician is of incalculable value. It brings him in direct contact with the rich treasures of experience gathered by men old in practice, and helping him over many a rough and ugly place, when the theoretical knowledge gained at college seemed of little use, and only the finger of experience could point the way to a solution of the problem. The best thing for a man when he enters upon the practice of medicine is to subscribe for a good journal. We can but mention The Charlotte Medical Journal as being a free, practical and independent journal, devoted to the interest of the medical profession.

With this edition of the Journal appears, for the first time, the advertisement of the Listol Chemical Co., of Chicago, Ill. This is a new chemical compound of Thymol and Iodine. It is a safe and superior surgical dressing in major and minor surgery, dentistry, cavital ulcerations, bed sores, burns and all erosions of the skin or mucous membranes. It is a non-toxic, non-irritating product, possessing marked antiseptic properties. As a dusting powder it is a perfect substitute for iodoform, with the advantage that it is free from disagreeable odor, and no more expensive, owing to its extreme lightness. Its combination with several other remedies as prepared by this enterprising company in tablet form; is indeed one of the finest medicinal applications for vaginal discharges and ulcerations of the cervix I have ever used.

THE DRUGGISTS AND SUNDAY.

The druggists of Sing Sing, New York, some twelve or fifteen in number made a compact recently that not one of this number should keep open shop on Sundays. This did not last long, as might have been expected. The people rose in rebellion, and a movement was put on foot to open an Independent Sunday Drug Store. Then the druggists of Sing Sing arranged to have one store open on Sunday. Large placards announced where the public could be accommodated. We feel personally attached to the druggists. They are our friends. We know they have rights, but it is just as foolish and silly for druggists to think that they can close their doors on Sunday and do a strictly scientific business as it would be for a physician to announce that he would work the six days in the week, but would close his door to his patients on Sunday. The drug men of this city transact a strictly Sunday business, I think, and the prescription clerks are often kept busy all day. This is an absolute necessity. Our drug stores remain open all day Sunday, and we are glad to state that the little clique formed by them during the winter, to close at 9 in the evening, has come to a close, and the former hour, 10 o'clock, will hereafter be the closing hour.

Dr. H. W. Foster, of Montclair, N. J., discribes, in the New York Medical Times, the recent epidemic of typhoid fever that occurred in that city a month or so ago. One hundred and seventeen cases developed in that small town during a period of six days. There are several points connected with the history of this epidemic that is of interest to the medical profession. The question as to the length of time required for the incubation of this malady is here very clearly explained. Ten days after the two cases occurred on the dairy farm, fifteen or twenty cases developed each day in the little town of Montclair, among the citizens who used milk from this farm, and nine days after the milk from this source was discontinued the epidemic ceased. Another interesting point to me is recorded in the history of the treatment of these cases. The cold bath was not used, and but very little whisky, yet the number of deaths were very small. They substituted strychnine for the alcohol, which I think was a wise plan. The profession is, I am glad to say, becoming more and more prejudiced against alcohol as a therapeutic agent.

FOUR PROMINENT LIGHTS GO OUT.

Death has removed four of the most brilliant lights of the medical profession of Europe within the last few months. Billroth in Germany, Charcot and Diday in France, and the fourth, Brown-Sequard, who died in Paris on April 2d. Owing to his association with two of our leading medical institutions we feel more closely connected and familiar with him. Brown-Sequard was born on the Island of Mauritius in 1817. His father was an American sea captain. He was educated in Paris and graduated in medicine in 1840. He resided in this country two years, and lectured on physiology at Harvard and Bellevue Medical Colleges. Every one is familiar with the fact that his life was devoted to the study of physiology. Who has not heard of his "Elixir of Life," so called by the secular press His contributions on various subjects, especially on physiology, were of the highest scientific value. As these landmarks have fallen with age and veneration, others will fill their places, and so the world moves on.

URGE your typhoid fever patients to drink a great deal of cold water. The more I practice this plan, the more I am convinced of its beneficial effects. In many cases I have learned my patients to drink five quarts of cold water in the twenty-four hours, and I think to realize the full benefits of this plan, it should be carried to this extent. There is no contra-indications to this treatment. Many observers believe that its beneficial effects on a feeble heart is well marked. In this condition it certainly can't be contra-indicated. In the lowering of the fever, disappearance of the dryness of the tongue and mouth, sedative effects on the nervous system, and the eliminative functions of the kidneys are easily observed.

This plan facilitates the oxidation of toxines and aids nature in removing or eliminating the refuse material which always accumulates in the system in continued fevers, a natural result of an impaired organic function. You can observe, as an evidence of the increased activity of the kidneys and skin, the great quantities of urea that is eliminated by the kidneys, its quantity fluctuates with the amount of water taken into the system. This method is very pleasant and acceptable to the patient. Of course it does not influence the course or direction of the disease.

THE contest over the revision of the code of ethics at the meeting of the American Medical Association, which has just been in session in San Francisco, is very interesting from several standpoints. The conflict is very largely one of the old men *versus* the young men. The younger men of the profession are generally in favor of many changes of the code, while the old men are more conservative, and regard such proposed changes as an approaching disaster to the profession. They look upon the thoughts of the young men with alarm and emphatic disapprobation. This is characteristic of the old physician, they want no changes or new things or thoughts. In popular esteem an old physician is regarded, because of his increased experience, as wiser and better than a young one. This is true to some extent, they are better able to develop and improve old ideas, and in some cases able to do better work than the young man. But the new ideas, new ways, new investigations, progress, and development, belong to the young men. This relative influence of the young and old men in promoting interest for the general good is a matter worthy of consideration.

This conflict over the revision of the code began many years ago and it grows each year in force and extent. More and more physicians come to regard some change in it necessary for the general good. To do away with the code altogether is more than fallacy. The relations of physicians are such that we need certain written rules to protect and govern us, and make those relations as pleasant as possible.

DR. J. M. RICHMOND, President-elect of the Missouri State Medical Association, was born in Fairfield, S. C., and was graduated from the University of North Carolina in 1858. He removed to St. Joseph, Mo., in 1872, and has worked himself up to be one of the most prominent physicians in the west. He is now professor of obstetrics and genito-urinary and rectal diseases in the Ensworth Medical College.

The next meeting of the International Medical Congress will be held in Russia, either at St. Petersburgh or Moscow.

Dr. Emory Lampher is now owner of the St. Louis Clinique. He will conduct it in the interest of the College of Physicians and Surgeons, of St. Louis, and the medical profession of the West.

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Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of Liquor Uterans. We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

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BOOKS REVIEWED.

AN INTERNATIONAL SYSTEM OF ELECTRO-THERAPEUTICS; for Students, General Practitioners, and Specialists. By HORATIO R. BIGELOW, M. D.; and Thirty-eight Associate Editors. Thoroughly illustrated. In one large Royal Octavo volume, 1160 pages, Extra Cloth, $6 net; Sheep, $7 net; Half-Russia, $7.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The subject of Electro-therapeutics is a new one; its study both from our inefficient knowledge of its utility and from the lack of apparatus for applying its unlimited utility, has always been a difficult and seemingly uninteresting study, but there is now a promise of a change, if not a promised change, and it has become possible for one not only to obtain a knowledge of electricity, but to obtain reliable apparatus for its administration. Probably the height of development in this line will far exceed present possibilities, but much is now within our reach. Much unjust censure has been heaped upon the subject of electro-therapeutics from the hands of those who have improperly used it, and for this reason, though not the only one, we welcome this literary work, for it will remove this unjust censure and criticism. The editor and his thirty-eight associates are all recognized authorities in the several branches on which they write. Their names warrant the excellence of the volume. To better illustrate the scope of the work, we quote the following chapter-titles: "Introduction—The Necessity for Special Education in Electro-therapeutics." "Electrophysics." "Animal Electricity." "Static Electric and Magnetism." "Foradic or induced Currents." "Electro-Magnetism." "Electro-Massage and Instrumental Galvanism." "Electro-Physiology." "Electro-Diagnosis." Diffusion, Electric Osmosis, or Voltaic Narcotism." Nearly 400 pages are occupied in these chapters, and the remainder of the work is devoted to the special consideration of the treatment of diseases in all departments of medicine and surgery.

The work contains thirty-six elaborate chapters, each of which is an able monograph. It is a volume of 1200 pages, and its size, scope and quality of its contents surpasses all previous books upon this subject. The book has a handsome index which will guide the reader to any desired subject, and adds greatly to the value of the volume. The contributors hail from the United States, Canada, England and France, and among them must cover the field of

electro-therapeutics in a very thorough manner and give the reader the latest that is known of this method of treating disease. The departments begin with A. and closes with S.; the index and each department is paged independently of the others. This is a most brilliantly written book. The classic chapter upon galvanism is as fascinating and as charmingly written as one of Macauley's Essays, and every practitioner, whether familiar with electricity or not, should, should read the chapter upon Electro-Physics. The international system of electro-therapeutics is a needed addition to the physician's library, and no one who desires to keep fully posted in the newer methods and means of employing electricity can neglect this important contribution to medical literature.

PART I —ESSENTIALS OF REFRACTION AND THE DISEASES OF THE EYE. By EDWARD JACKSON, A. M., M. D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates of Medicine, etc., etc. PART II.—ESSENTIALS OF DISEASES OF THE NOSE AND THROAT. By E. B. GLEASON, S. B., M. D., Surgeon in charge of the Nose, Throat and Ear Department of the Northern Dispensary of Philadelphia, etc., etc. Second Edition Revised; 124 illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894.

The combining of these two or more subjects into one volume is quite an advantage, making one nice-size book instead of two smaller ones. In deciding what to include as Essentials of the Refraction and Diseases of the Eye, the writer has been guided by an acquaintance gained in post graduate teaching, with the needs and desires of the mass of medical graduates. Part I. occupies 146 pages of the book, and discusses in the form of questions and answers, the most important factors pertaining to Refraction and Diseases of the Eye. It is a good foundation for future progress. The ophthalmoscope is quite fully explained.

In Part II. we get that information from the author which only comes slowly through years of extensive reading, thought and actual work in the diagnosis and treatment of disease. This volume will not only be of great value to the recent graduate in medicine, who wishes to take a "special course in a Nose and Throat Dispensary," but it also may prove useful to the busy practitioner who, from force of circumstances, finds himself obliged to treat disease of the nose or throat, and can find quickly here, in a condensed form, the essentials of diagnosis and treatment in any given case. The author has outlined that treatment of each affec-

tion that he has found by actual experience most satisfactory; and has simplified the matter as much as possible by mentioning only the few drugs, prescriptions and operative procedures that are essential to the accomplishment of a desired result. The work is highly commendable.

A MANUAL OF INSTRUCTION IN THE PRINCIPLES OF PROMPT AID TO THE INJURED. Including a Chapter on Hygiene and the Drill Regulations for the Hospital Corps, U. S. A. Designed for Military and Civil Use. By ALVAH H. DOTY, M. D., Major and Surgeon, Ninth Regiment, N. G. S. N. Y., etc. Second Edition, revised and enlarged. New York: D. Appleton & Company, 1894. Pp. xvi-304. Price, $1.50.

The object of this manual is to instruct those who are desirous of knowing what course to pursue in emergencies, in order that the sick or injured may be temporarily relieved. In order that the subject may be well understood it is essential to know something of the construction of the human body, and for this reason the author has devoted considerable space to anatomy and physiology. He has explained each topic in a plain and simple manner, and when medical terms are used their lay synonyms are also given. In this, the second edition, the author has made such additions that it contains 80 pages more than the first edition. In the chapters on antiseptics, disinfectants, and deodorants, the author has incorporated the practical instructions for disinfection and fumigation published by the New York City Health Department. In the chapter on contusions and wounds the author disposes of his subject in a practical manner. A short but useful chapter on hygiene has been added. Numerous illustrations have been inserted to aid in making the work the more intelligible. This book should be in every physician's office. This edition will sustain the reputation acquired by its predecessor in every respect, and the work is likely to have a wide field of usefulness.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Volume VI. Sixth Session. Held at New Orleans, La., November 14th, 15th and 16th, 1893. Published by the Association.

These are the best gotten up transactions which come to our table. It makes a handsome volume for the library, and it is filled with literature from the hands of our able and most celebrated teachers and writers. To the capable Secretary, Dr. Davis, is due the highest commendation for the result of his labors in getting them up. The annual address of the President, Dr. Bedford Brown, is interesting, entertaining and instructive from beginning to end.

SEWAGE DISPOSAL IN THE UNITED STATES, by GEORGE W. RAFTER and M. N. BAKER. New York: D. Van Nostrand Company. London: Sampson Low. Marston & Co., Lim. 1894. Pp. xxvii, 598. Price $5.

The questions of River Pollution and Sewage Disposal have assumed great importance in this country within the last few years. The object of this book is to specially call the attention of sanitary authorities, engineers, and others interested in questions of public sanitation, to the fact that we have already accumulated a considerable stock of experience in sewage disposal in this country, and that for future Americans, who wish to study the subject in detail, will not be obliged, as until recently was the case, to go abroad for the purpose. How to dispose of sewage, both here and abroad, the most varied processes have been used with naturally the most varied results. In this exhaustive and excellent work we find the subject very fully treated from the American standpoint. The work contains something over six hundred pages and is a handsome volume. Closely, but very plainly printed. It is impossible for us to attempt to give any idea of the work from a review. The best we can do is to state to the sewage engineers that it is a book he cannot dispense with. After the general treatment of the subject the author gives in successive examples of different sewages in various named places in the United States. One of the commendable features of the book is the excellent index. The illustrations and tables are good and very useful. This is a new work and something that we have needed badly for some time, and we commend it to our brother physician to be a book he should read and become familiar with. It is interesting and full of practical information.

ATHLETICS FOR PHYSICAL CULTURE, by THOS. C. KNAUFF. New York: J. Selwin Tait & Sons, 65 Fifth Avenue.

This work contains something over 400 pages and treats athletics in a systematic manner. but it is not labored and is noticeably free from technical terms and professional pedantry. The principle chapters considered are "Gymnasium Work," "The Lighter Gymnastics," "Equestrianism," "Woman in Athletics," "Questions of Hygiene," "Outdoor Life," and all of the recognized field sports. He is a very genial and sensible writer, and this work will be quite a treat and pleasure to all those interested in athletics, and very useful to those who know very little about physical culture. It is extensively illustrated, and is well bound and well printed.

SLAV AND MOSLEM. Historical Sketches. By J. MILIKEN NAPIER BRODHEAD. Aiken Publishing Co., Aiken, S. C. 301 pages. Silk Cloth. Sold by leading booksellers.

The following topics are discussed with vigor and clearness:—Conflicting Opinions Regarding Russia Explained—Peculiarity of Russia's Antecedents—Tartar Domination—The Grand Dukes of Moscow—Serfdom—Democracy in Russia—Nihilism—Russia in Asia—The Afghan Question—The Eastern Question arises with the Fall of Constantinople, 1453—Greek Independence—The Crimean and Bulgarian Wars—Alexander III—Russian Dissenters and Jews—George Kennan and the Fourth International Prison Congress—The Triple Alliance and the Future of Constantinople.

This work is replete with fresh and strong thought and clear expression. As soon as one begins to read the book he perceives its importance and utility, as well as the ability of the author. It shows how and why Russia is a government in the highest sense of the word. The author evidently writes from a knowledge obtained in Russia and from association with people of all classes. The author is well acquainted with the Asiatic temperament and character, and shows how inevitably governments are the outgrowth of the spirit and requirements of the people. Every statement is substantiated by indubitable authority. It is highly instructive and timely, a book which should be read and carefully studied. The work is a marvel of beautiful typography.

THE EPICUREAN: A FRANCO-AMERICAN CULINARY CYCLOPEDIA. By CHARLES RANHOFER (thirty years chef of Delmonico's, Madison Square, N. Y.) Large octavo, over 1,200 pages, with 800 illustrations. Charles Ranhofer, publisher, 682 West End Avenue, N. Y. 1894. Price, half morocco, $15; full morocco, $17.

In publishing this large, handsome volume, the author has filled a much needed want. This book does not treat of medicine, but it is a treatise of analytic and practical studies on the culinary art, and beyond doubt is the best as well as the latest work of the kind published. The knowledge contained in this volume is the outcome of thirty years of the author's life and experience as Delmonico's chef. The book is divided into twenty-four chapters: Table Service Bills of Fare, Supplies, Elementary Methods, Soups, Stocks, Hot and Cold Sauces, Gamestrings, Hot and Cold Side Dishes, Shell Fish, Crustaceous Fish, Beef, Veal, Mutton, Lamb, Pork, Poultry, Game, Miscellaneous Entrees, Cold Dishes, Vegetables, Cereals, Hot and Cold Deserts, Pastry, Bakery, Confectionery, Ices, Fruit, Wines and Preserves. The leading feature of the

book is the best and most effectual manner of preparing healthy and nutritious food. It is therefore suited to the needs of the poor as well as the rich. It will be of benefit to chefs, cooks, stewards, caterers, private families, confectioners, ice cream makers, restaurant keepers, hotel proprietors, managers of dormitories, etc., etc. The edition contains innumerable recipes, which are very simple and explained in a comprehensive manner, so as to meet the wants of all. It suggests, also, many useful hints to those about entering the profession. The book is illustrated and contains instructions how to prepare, garnish and serve according to the traditional rules now followed by the principal chefs of France and the United States. One special feature of the work is the great variety of bills of fare given for each month of the year and for all occasions. This is among the handsomest and most highly-valued book that adorns our library. It is a beautiful book. A thorough, practical index, occupying sixty-four pages, concludes the volume.

PUBLIC HEALTH PAPERS AND REPORTS—Volume XVIII, presented at the twentieth annual meeting of the American Public Health Association, held in the City of Mexico, November 29th to December 2d, 1892, with an Abstract of the Records of Proceedings. Concord, N. H.: Republican Press Association, 1893:

Through the kindness of Irving A. Watson, Secretary of the American Public Health Association, we have received this excellent book. It contains 513 large pages, well printed, bound in cloth, and presents a handsome appearance. The volume contains fifty-six articles. Many of them are very valuable on account of the statistics and original research contained in them. The next meeting of the Association will be held at Montreal, Canada, September 28th, 1894.

THE CARE AND FEEDING OF CHILDREN, by L. EMMITT HOLT, M. D., Professor of Diseases of Children in the New York Polyclinic, Attending Physician to the Babies Hospital and the Nursery, and Child's Hospital, New York. New York: D. Appleton & Co., 1894.

One can see at a glance the great utility and need for such a book as this one. No subject is of more importance, or more difficult to properly attend to, than the feeding and care of young children. This little book is arranged in the form of a catechism —questions and answers—and by this means it makes it more impressive. Every thing in the world that pertains to babies and young children is treated in this book. To mothers and nurses its value cannot be estimated. It contains about 75 pages, and is a

neat, well bound, nicely printed little volume. Price, 50 cents. Printed by D. Appleton & Co.

A REVIEW OF THE THEORY OF "NERVOUS EXHAUSTION," OR "NEURASTHENIA," by J. J. CALDWELL, M. D., Specialist in Nervous Diseases, and Expert in Medico-Legal Procedure; and Prof. ARCHER ATKINSON, A. M., M. D., etc. etc., and Member of the Society of Letters, Arts and Science, London, Eng.; Baltimore, Md.

SEXUAL NEURASTHENIA (Nervous Exhaustion), Its Hygiene, Causes, Symptoms and Treatment, with a chapter on Diet for the Nervous. Third Edition, with Formulas, by GEO. M. BEARD, A. M., M. D., etc., etc. Posthumous Manuscript, edited by A. A. D. ROCKWELL, A. M., M. D. Published by E. B. Treat, 5 Cooper Union, New York. 1893. Price, $2.75. Prepared expressly for the Charlotte Medical Journal, Charlotte, N. C.

The views given in Beard & Rockwell's "Medical and Surgical Electricity" are the same in effect as those of all well informed physicians at this date. Every act, every thought from the brain, requires increased circulation, and every thought means more or less *Hyperœmia*, and in some this is shown by increased size of the neck, and by increased swelling of the scalp veins. This is the *healthy result* (fullness of cerebral blood vessels), but a neurasthenic patient cannot tolerate this temporary hyperœmia, as his redundant circulation does not quickly equalize itself, and in a healthy person congestion follows intense cerebral action and comes to stay, causing headaches, weakness, vertigo and depression. This state does not accord with the ordinary tolerance of discomfort in health. It may follow at once on the heels of active thought, long-continued brain work, long sleeplessness, or it may not show itself for days because of slow transmission along the sympathetic nerve.

Clinically the human body may be said to be a bundle of reflex actions, or of nerves giving reflex action to certain parts of the body more abundantly than others, as the eyes, the digestive and reproductive centers. Next to the stomach, the prostatic urethra is perhaps the most important center of reflex irritatation in man, and any marked change here acts as cause and effect on the body corporate, in producing nervous exhaustionn, as no one can have an irritable prostate urethra or even testicles and remain in healthful repose.

The author, Dr. Beard, divides neurasthenia into several clinical varieties, each taking its title from the part or parts affected, or from the cause. He divides them into seven, viz: Cerebral Neurasthenia; Spinal Neurasthenia; Digestive Neurasthenia; Trau-

matic Neurasthenia; Sexual Neurasthenia (Sexual Exhaustion); Hemi Neurasthenia; and Hysterical Neurasthenia (Hysterical Exhaustion).

Neurasthenia is a frequent cause of inebriety even in such as have never been intemperate before, particularly during the heated months of summer. Physicians are generally overworked, and they fancy they suffer from Neurasthenia. Certainly they have enough of other people's troubles to give them anything. Then again, it is not unusual to have just the disease we last studied, and there probably does not exist a physician who, while at college did not have half the symptoms of phthisis or spermatorrhœa, if indeed he did not really have the latter. How even the most continent fancied his occasional seminal emissions, or the prostatic fluid lost in straining at stool, constituted a case of spermatorrhœa, and how he lost appetite and self-confidence therefrom!

As neurasthenia means nerve exhaustion, so the brain exhaustion the author calls cerebrosthenia, and the brain may be the exclusive center of this exhaustive action, as manifested in morbid fevers and impulses, in headaches, insomnia, in loss of memory and in decline of mental power, and yet the stomach, spine and the reproductive organs be apparently untouched. Yet in time they too must follow in touch with the rest.

AMERICAN PLUMBING. A Complete Compendium of Practical Plumbing, from solder making to high class open work. By ALFRED REVILL. New York: Excelsior Publishing House. Pp. 224. Price, $2.

In these days and times plumbing has grown into prominence, and well it should, for to a great extent the health of any city depends greatly upon its plumbing facilities and advantages. The present work is written from the standpoint of the City of New York, and shows an excellent example of the improved metropolitan practice. The author discusses plumbing from every standpoint, and very fully. He has illustrated his work to perfection almost. The chapter on water closets, sinks and bath tubs are excellent. The book is convenient in size, and is very valuable to every one, especially to plumbers, contractors, architects, etc. It is clearly printed on first-class paper.

THE BEE LINE REPERTORY, by STACY JONES, M. D. Philadelphia: Boericke & Tafel, 1894.

This is a very fine book of records. It contains a great deal in a very short space. It is for immediate use and any thing can be

found in a moment's time. It is very complete within itself. It is a pretty and durable little book.

WHOOPING-COUGH. By Dr. H. RICHARDIERE, Paris, France. Illustrated by Joseph Helfman. Vol. I., II. George S. Davis, Detroit, Mich.

In Vol. I. the author gives the Definition, History, Etiology, General Description of Whooping Cough, Period of Debut, Second Period, Third Period. Duration of Whooping Cough. Accidents and Complications. Vol. II. he considers thoracic Complications, Larangeal Complications, Nervous Complications and Complications of the Mouth, Secondary Infections, Forms of Whooping Cough, Prognosis of Whooping Cough, Diagnosis of Whooping Cough, Pathological Anatomy, Nature of Whooping Cough, Treatment of Whooping Cough, Treatment of Symptoms. The author treats the subject directly and to the point. We like these little books, because you can get just what you want without handling larger works. These books are neatly gotten out by George S. Davis, of Detroit, Mich.

With its first issue of January last the unrivalled electic of foreign literature, Littell's Living Age, entered upon a new (its sixth) series. As no continued articles were carried over into this year, all subscribers commencing with that date will possess a work complete in itself and forming an invaluable compendium of the world's choicest literature.

As a special inducement to any who may desire to make a trial subscription, the publishers offer to send the weekly issues for the first six months of this series, (January to June inclusive) for $3; or to any one remitting $6 in payment for the nine months, April to December inclusive, they will send the 13 numbers forming the first quarterly volume FREE. This volume contains many articles of sterling merit by the most distinguished authors, including serial stories translated from the French and German expressly for this publication.

The Living Age has been the favorite magazine in thousands of American homes during the past half a century, and is to-day indispensable to all who desire to keep abreast of the times. As indicated by its name it records all important movements in the literary world, supplying an amount of interesting and useful

reading unsurpassed in quality and quantity by any other publication.

Published weekly, each issue contains 64 pages, or over 3,300 pages a year, forming four large octavo volumes or 824 pages each. For further particulars write Littell & Co., publishers, Boston, Mass.

Reprints.

Electricity in the treatment of Chronic Prostatitis, and other conditions underlying Impotence in Men. By G. Betton Massey, M. D., Philadelphia. Reprinted from University Medical Magazine, March, 1894.

Certain erroneous principles and methods in Gynæcology. By G. Betton Massey, M. D., Philadelphia. Reprinted from Annals of Gynæcology and Padiatry, May, 1894.

Castration of Sexual Perverts. By F. E. Daniel, M. D., Editor Texas Medical Journal, Austin, Texas. Reprint from Texas Medical Journal.

The successful treatment of Typhoid Fever. By Simon Baruch, M. D., New York City. Reprinted from Medical Brief, St. Louis, Mo., December, 1893.

Catalogue of the University of Texas for 1893–94. Medical Department, Galveston, Texas. Austin: Ben C. Jones & Co., Printers, 1894.

Non Nocere. By A. Jacobi, M. D., New York. Reprinted from the Medical Record, May 19, 1894. New York: Trow Directory, Printing and Bookbinding Co., 201–213 East Twelfth Street, 1894.

Scorbutus in Infants. By William P. Northrup, M. D., Adjunct Professor of Diseases of Children in Bellevue Hospital Medical College; Attending Physician to the Presbyterian, Founding, Willard Parker, and Riverside Hospitals; Consultant Physician to the New York Infant Asylum, and Floyd M. Crandall, M. D., Secretary of the Pædiatric Section, New York Academy of Medicine; Lecturer on Diseases of Children, New York Polyclinic. Reprinted from the New York Medical Journal for May 26, 1894.

Leprosy. By Isadore Dyer, Ph. B., M. D., Dermatologist to Charity Hospital; Professor of Dermatology, New Orleans Poly-

clinic Lecturer and Clinical Instructor on Dermatology, Medical Department, Tulane University, etc., New Orleans, La. Reprinted from the May, 1894, number of the Texas Medical Journal.

The Electrical Treatment of Fibroid Tumors. Read before the Third Annual Meeting of the American Electro-Therapeutic Association, held in Chicago, September 12, 13 and 14, 1893. By G. Betton Massey, M. D., Philadelphia, Pa. Reprinted from the Journal of the American Medical Association, April 21, 1894.

Practical Data on the Application of Water in some Intractable Diseases. By Simon Baruch, M. D., Attending Physician to the Manhattan General Hospital and New York Juvenile Asylum; Consulting Physician to the Montefiore Home for Chronic Invalids. Read before the New York County Medical Society. Compliments of the author. New York: Press of Stettiner, Lambert & Co., 22, 24 and 26 Read Street, 1893.

Report on the Leprosy Question in Louisiana. By Isadore Dyer, Ph. B., M. D., Dermatologist to Charity Hospital; Professor of Dermatology, New Orleans Polyclinic; Lecturer and Clinical Instructor on Dermatology, Medical Department, Tulane University, etc., New Orleans, La. Reprinted from the Proceedings of the Orleans Parish Medical Society, June Meeting.

Reckless Laparotomy.

Doctor Walthen quotes Doctor Doleris as saying that eight-tenths of the women upon whom laparotomy or hysterectomy has been performed submitted needlessly to the operation.

If this is so in Paris, what must it be in the United States?

The cost of a medical education, according to The Hospital, is in London four hundred to five hundred dollars a year for five years, plus seven hundred to one thousand dollars in fees, making a total of two thousand five hundred to three thousand five hundred dollars. In New York or other large American cities it would be six hundred dollars for three years, and three hundred dollars for fees.—*Exchange.*

Dr. J. W. McLaughlin, of Austin, was elected President of the Texas State Medical Society, at its last meeting.

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Selections.

Ligation of the Base of the Broad Ligaments per Vaginam Including the Uterine Arteries for Fibroids of the Uterus.

Dr. Augustin H. Goelet, of New York, in a contribution to the American Medico-Surgical Bulletin, June 1st, reports favorably upon this operation in his hands for the control of uterine hæmorrhage and reduction of fibroid growths. He believes it should be done in lieu of hysterectomy when that operation would involve too great a risk, and as a preliminary step in view of avoiding the necessity of the more hazardous operation. When extensive attainments have not been formed which would afford additional nutrition considerable reduction has resulted even in growths of large size. When the operation has been done for smaller growths the result has been more satisfactory. In some instances complete atrophy has been reported. This result, as well as the arrest of the uterine hæmorrhage, is accounted for by the diminished nutrition furnished the uterus and these growths by interferrence with the blood supply and nerve supply which is included by ligation of the base of the broad ligaments. It is estimated that the uterine arteries furnish the uterus with two-thirds of its blood supply and it is reasonable to expect that a profound effect will be produced upon that organ and growths arising from the walls if this is suddenly cut off.

The sole danger in the operation is the risk of including the ureters in the ligatures, as they pass down behind the uterine arteries only half an inch from the cervix and are consequently in the field of operation. Dr. Goelet suggests as a preliminary step to eliminate this risk, that bougies be passed into the ureters through the bladder. He admits, however, that a careful operator, accustomed to working in this region, may easily avoid the ureters.

The technique of the operation, as described by Dr. Goelet, shows an important departure from the usual method followed. Instead of ligating each artery in only one place on a level with the internal os, he applies a second and often a third ligature to the artery on each side as it ascends along the side of the uterus, the result of which is to cut off the compensating blood supply from the ovarian artery to the lower part of the uterus.

Dr. Goelet gives all the credit of priority to Dr. Martin, of Chicago, who has recently suggested and popularized the operation and perfected its technique, but states that he first ligated the uterine artery *per vaginam* on one side in January, 1889, in the case of a large fibroid the size of a seven months' pregnancy, with a view of diminishing the size of the growth by reducing the blood supply. The artery on the other side was not ligated because the position of the tumor made it inaccessible. Six months later the tumor was one-third smaller, and was giving no inconvenience.

He quoted his last case operated upon to show how promptly uterine hæmorrhage may be controlled by this operation.

Paralysis Following Measles.

P. A. Lop, M.D., Gazette des Hopitaux, September 14 and 19, 1893.

Paralysis following measles is a comparatively rare affection, less than a hundred cases having been reported in all. This is probably due, however, to its usual transitory character and to the fact that it appears most frequently in the third week of convalescence, after the patients have passed from immediate observation. Two adult cases have been reported, but the usual time of its appearance is that of the appearance of other forms of paralysis.

In the cerebral form, which is most grave but less frequent, paralysis occurs preceded by spasmodic muscular movements and exaggerated reflexes. The electrical reactions remain normal, however, and the disease runs a rapid course.

In the spinal variety, on the contrary, the reflexes are rapidly lost, and the electric reactions are much modified, but the course is most frequently benign. It usually takes the form of paraplegia, commencing with formications and cramps, followed by retention of urine and incontinence of feces. Occasionally it is of the ascendant variety, ending in death by paralysis of the diaphragm. Its diagnosis is easy, as it occurs in convalescence from a fever; its course is rapid, from one to six weeks; the spinal form is frequent, and the patient always recovers.

Its pathology is, probably, a congestion caused by a specific bacillary toxine in the blood, which in the grave forms has produced a true inflammation and atrophic sclerosis.—*International Medical Magazine.*

Style in Medical Writing.

The responsibility of the editor of a medical journal is very great. It is his duty to promote the diffusion of medical knowledge, not only by his own writing, but by seeking from contributors articles that will be useful to this end, and by selecting from contemporary publications the most valuable papers, of which usually only abstracts are presented. The medical journal is a most important means of professional aid and education. It ought to help the practioner in his daily work, and it ought to enlarge the sphere of his knowledge, and stimulate him to active thought.

But whatever information, advice and instruction are given, the manner of their presentation is of great importance. "The style is the man," it has been said, and certainly the style of a medical contribution has much to do with its ready reception. Dr. Samuel Johnson, in his memoir of the illustrious Boerhaave, wrote: "Nor was he unacquainted with the art of recommending truth by elegance, and embellishing the philosopher with polite literature; he knew but a small part of mankind will sacrifice their pleasure to their improvement, and those authors who would find many readers must endeavor to please while they instruct." Accepting this statement from a great essayist in regard to a great physician—a physician so famous in his day that a letter sent to him from India, having on it only his name and Europe, came into his hand with reasonable promptness—we trust that a brief consideration of style in medical writing may not be unacceptable, and may prove of some value.

When the physician purposes writing a paper, let him, so far as possible, understand his subject, be reasonably certain that what he writes will be useful to the profession, and let him select a proper title for his essay. Probably there are more frequent mistakes in the last matter than in any other, causing no end of worry and trouble to those who are studying a subject, or who are preparing an index of medical literature. Every child has a right to his own name, and so the medical contribution ought to have a distinctive title. To call the paper "A Remarkable Case," or an "Extraordinary Case," is almost meaningless, and quite mischievous. A similar criticism may be made of many other designations—deignations that do not designate—applied to articles too

often found in medical journals. Let the title be not only distinctive, but also brief. Then let the story be told in simple language, told as briefly as possible; "boil down," provided clearness and completeness are not sacrificed in condensation.

Of course the ordinary rules of syntax will be observed, and verbs and nouns will not be allowed to indulge in promiscuous intercourse. This may seem an unneeded direction, but it is often unheeded, for violations of it are not uncommon even in well known writers.

Let strength be first sought rather than beauty. Richness of ornament and wealth of illustration must not be suffered to obscure thought or lead the reader away from the essential points; if these assist, make clearer and more attractive, and if spontaneous and incidental, like the rainbow that arches the waterfall telling the force of the rushing waters, very well. But let the writer never get on stilts and attempt to lift his head into the clouds. The subject and the style should correspond, and, as Voltaire has said, there is nothing more rare and difficult than to make this correspondence.

In a further consideration of the subject we will speak more fully and plainly of the errors of composition as observed in professional writings, and of the means by which a good medical style may be acquired.—*Med. and Surg. Reporter.*

A Remedy Par Excellence.

In the April, 1894, number of the Universal Medical Journal, the companion publication to the "Annual of the Universal Medical Sciences," a magazine covering the progress of every branch of medicine in all parts of the world, and both edited by Charles E. Sajous, M. D., Paris, France, we find the following notice of antikamnia extracted from an article by Julian, which originally appeared in the North Carolina Medical Journal:

"The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrine, but it is not attended with depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy par excellence."

Sweets for Children.

The editor for Food, in discussing the above subject, asks why children should have such a natural appetite for sweet things unless there was a demand on the part of the system for such food? Healthy children are supposed to be in about as perfect a state of nature as human beings can be. It seems to be as natural for children to desire sweets as it is for an adult to desire water when thirsty. Now, granting that the child is in a healthy state, we would ask, Why is it that there is this constant desire for something sweet? Why not something sour?

If the teeth of the child are in perfect condition, so that there is no cavity in which the sugar can lodge and thus excite fermentation, we do not believe it is possible for sugar to injure the teeth in any way. We have several times been provoked to observe that if candy were as free as water there would not be nearly so loud a cry of its harmful effects. We do not wish to be understood as advocating the giving of candy or sugar to children until satiety is produced, but we do wish to declare that it is our opinion that a moderate amount of sugar or candy, given at a proper time, is not only harmless, but even beneficial. The sweets are given to the child in the form of simple home-made candies, and if the child be allowed to make these, the very act of so doing will, to a certain degree, satisfy the craving for the same. We have never observed that persons employed in the manufacture or sale of candies are prone to any particular disease. In fact, it is well known that such persons eat but a comparatively small amount of the products in question. The parent who denies a healthy child all forms of sweets, as sugar and pure candy, is not only depriving the little one of much pleasnre, but is also withholding an important food

A Sign of Breech Presentation.

When, in a woman who has passed the sixth month of pregnancy, a sharp pain is produced by placing the hand on the fundus uteri, it may be almost affirmed that there is a breech presentation. The fact is very frequent, although not constant, being present in about seventy per cent of cases. The pain is sometimes spontaneous. How is it to be explained? According to Pinard, it is due to the irregular distension produced by the rounded mass of the head. If version is performed the pain disappears.—*La Clinique Internal.*

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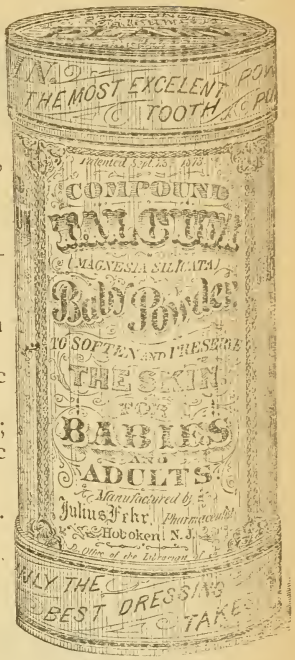

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Physicians Elected.—Various Chairs at the Philadelphia Medico-Chirurgical Hospital Filled.

The Board of Trustees Increase the Staff of the Hospital by the Appointment of Prominent Medical Men—Brief Sketches of the Appointees.

The Board of Trustees of the Medico-Chirurgical College met last evening, and elected the following gentlemen to various chairs in that institution: Dr. Isaac Ott, of Easton, Pa., Professor of Physiology; Dr. William E. Hughes, Professor of Clinical Medicine; Dr. Albert E. Roussel, Assistant Professor of Clinical and of Practice of Medicine; Dr. Charles W. Burr, Clinical Professor of Nervous Diseases; Dr. William C. Hollepeter, Clinical Professor of Diseases of Children and Pediatrics; Dr. Arthur H. Cleveland, Clinical Professor of Laryngology; Dr. Edward B. Gleason, Clinical Professor of Otology, and Dr. William Blair Stewart, Lecturer in Therapeutics.

Prof. Edwin J. Houston and Dr. Henry Fisher were elected members of the Board of Trustees.

Dr. Fisher has for several years held the chair of materia medica and pharmacy at the college, and was elected as the representative of the Alumni Association.

Dr. Isaac Ott, Professor of Physiology, is one of the best-known men in his line of work in the United States. He was graduated at the University of Pennsylvania in 1869, was demonstrator in that institution in 1875, and lecturer in experimental physiology in 1887. He is the Fellow in Biology of Johns Hopkin's University of '78 and '79. Dr. Ott is a prolific writer, and is best known to the medical and scientific world by his works on "Cocaine, Veratrii and Gelseminum," "Contributions to the Physiology and Pathology of the Nervous System" (eleven parts) and the recently brought out second edition of his very valuable medical work on "Modern Anti-pyretics." He is an ex-president of the American Neurological Association, was chairman of the Physiological Section of the Pan-American Congress and is corresponding member of many foreign medical societies.

Dr. William C. Hollepeter, who has been elected Clinical Professor of Diseases of Children, was born near Williamsport, and received his early education at Bucknell University, graduating in

1874. He then commenced the study of medicine at the University of Pennsylvania, graduating in 1878 and taking one of the prizes in his final examinations. Dr. Hollepeper was then appointed House Surgeon to the Presbyterian Hospital. He has since devoted his attention to the diseases of children. He is one of the visiting physicians to the Methodist Episcopal Hospital and has given much of his time to hospital and other charitable work. As a frequent contributor to medical journals he is widely known, and among his more recent papers may be mentioned the "Treatment of Scarlet Fever" and "Therapeutic Notes on Whooping Cough."

Dr. Wm. E. Hughes graduated from the University of Pennsylvania in 1880, and was for several years resident physician to the University Hospital and to the Children's Hospital. He was Medical Registrar for several years, and later Recorder of the Pathological Society, and until recently was instructor in physical diagnosis at the University of Pennsylvania. He is visiting physician to the Philadelphia Hospital and to the Medical Dispensary of the Children's Hospital Dr. Hughes has written extensively in his department of medicine. His most important work is on the "Preliminary investigation Into Chronic Inflammatory Processes, Especially Bright's Disease." Dr.Hughes is a brilliant didactic lecturer.

Dr. Albert E. Rouseell has been connected with the various departments of the Medico-Chirurgical College for the past eight years, and in recognition of his good work and successful teaching he has been advanced to the chair of practice and clinical medicine. He was graduated from the University of Pennsylvania in 1882, was afterwards resident physician to the Philadelphia Hospital, and is at the present time visiting physician to several of our hospitals.

Dr. Charles W. Burr, Professor of Nervous Diseases, was graduated from the college department of the University of Pennsylvania in 1883, and from the medical department in 1886, after which he was resident physician to the Germantown and Orthopædic Hospitals. While serving at the Orthopædic Hospital Dr. Burr so efficiently devoted his time to the study of nervous diseases as to become a favorite assistant to the distinguished neurologist, Dr. S. Weir Mitchell. Dr. Burr subsequently studied under the most eminent neurologists of France, Germany and England, and upon his return was elected visiting physician to the St. Joseph's Hospital; visiting physician and pathologist to the State Hospital

for the Insane, at Norristown; pathologist to the Orthopædic Hospital and Infirmary for Nervous Diseases. He is a member of the College of Physicians, American Neurological Association and Philadelphia Pathological Society. He has been a prolific writer, and is the author of a text book, now in print.

Dr. Arthur H. Cleveland, Clinical Professor of Laryngology, graduated from Lafayette College in 1886 and from the University of Pennsylvania in 1889; was resident to the Germantown Hospital, instructor in laryngology at the Philadelphia Polyclinic, and then visited the medical centres of Berlin, Vienna and London, and since his return has devoted his time to his special work on Diseases of the throat.

Dr. Edward B. Gleason, Clinical Professor of Otology, graduated from the University of Pennsylvania in 1880, since which time he has applied himself to the study on Diseases of the Ear. He has written extensively on Middle Ear Diseases and is the author of a text book, of which three editions have been exhausted. Dr. Gleason is a member of several learned societies and is Secretary of the Northern Medical Society.

Dr. William Blair Stewart, lecturer in therapeutics, received the degree of Bachelor of Philosophy at Dickinson College in 1887, and of Master of Arts in 1890, in which year he was also graduated at the Medico-Chirurgical College. He was elected instructor in medicine at the college in 1890, and instructor in therapeutics in 1893. Since his graduation Dr. Stewart has contributed frequently to medical literature and published a work entitled, "A Synopsis of the Practice of Medicine."

The above appointments were made to relieve the present teaching corps of the college, which, owing to the number of students attending, and in anticipation of the large body of matriculates in September, makes it requisite that these chairs be filled. The medical fraternity throughout the country has recognized the fact that the Medico-Chirurgical College stands among the first in practical instruction of our medical schools.

The first woman physician to India was Dr. Clara Swain, in 1869; to China, Dr. Lucinda Combs, in 1873; to Japan, Dr. Florence Hamisfar, in 1883; and to Corea, about four years ago, Dr. Meta Howard—all of whom were sent out by the Methodist women. —*Missionary Record.*

Extract from an Article by A. O. Lawrence, A. M., M. D., Medical Brief.

"If you wish to smoothen the skin of a lady's face which has become rough and unsightly, caused by Acne, prescribe Pineoline for her, and she will give you many puffs together with thanks, etc."

The causes of Acne, though often obscure, are frequently found in a lowered vitality, commonly associated with functional or organic derangement of the digestive and sexual system. Menstrual irregulrrities and uterine diseases play not an unimportant part,, various topical irritants also give rise to it. The treatment should be made into the habit of the patient, and the cause of the trouble ascertained. The treatment of the causes, together with the local that I will mention, will relieve these pimples which so often, especially in youths of both sexes at the age of puberty, give the face an unsightly appearance. Hot applications will relieve the congestion, and should be applied as hot as can be borne, five or ten minutes, three or four times a day. The pustules should be opened either with a needle or a lancet, and the pus pressed out, and Pineoline rubbed thoroughly into the pimples. The diet should be light and unstimulating. Buckwheat cakes, hot bread stuffs, nuts, cheese, and all sweet and rich articles of food should be avoided. It is often advisable to have the patient drink a goblet of hot water half hour before meal times, if there is a dyspeptic condition present. By internal and dietetic treatment, and by the local application of Pineoline, not only yourself but the patient will be surprised at the rapid disappearance of the eruption.

Dr. Blanchard, of Geneva, recently reported results in seventeen cases of latent tuberculosis treated with creosote. Dr. Blanchard comes to the following conclusions:

1. Pulmonary tuberculosis is curable.

2. Creosote is a valuable remedy, especially in incipient cases.

3. It is important that the diagnosis should be made early to give this treatment a fair chance.

4. The remedy is also valuable in cases of bronchial catarrh, following influenza, which are regarded by Dr. Blanchard as cases of incipient phthisis.—*St. Louis Medical Era.*

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The Management of Typhoid or Enteric Fevers.

At the International Medical Congress just closed, in the Section of Medicine, the following synopsis is given by the reporter of the Medical Week of a paper upon this subject by Prof. I. Burney Yeo, of London, in which he said:

Scientific and rational medicine requires that our therapeutic *ideas* should be in accord with our pathological knowledge, and the modern changes in our beliefs as to the nature and causes of the phenomena of specific fevers require a corresponding modification in the therapeutic conceptions and indications applied in their treatment.

For the present, I shall deal with enteric fever taken, for this purpose, as a type of specific infective fevers.

It is admitted that infective fevers are of bacterial origin, and their characteristic symptoms, of which pyrexia is one, are excited by pyrogenic and other toxins, developed by specific micro-organisms, in the blood and tissues. Certain substances, outside the body, will arrest the growth or put a stop to the activities to such micro-organisms; while other conditions, as the presence of putrefactive processes, on the other hand, stimulate their growth and activities. We also possess agents capable of exercising some control over the pyrogenic and other toxic effects of those micro-organisms within the body. It is, therefore, an essential therapeutic indication in the treatment of these diseases to endeavor to antagonize the pyrogenic and other poisons secreted, or produced, by the invading microbe. This is the "antoxic" or "antiseptic" idea as applied to the treatment of fevers.

The research for direct antagonists to the activities of infective microbes is of even greater practical interest in the treatment of diseases like typhoid fever, than attempts in the direction of producing *immunity*. Clinical observations show that the average course and character of those fevers can be favorably modified, and to some extent controlled by such antagonistic agents. I have myself made numerous observations in this direction; and remarkable corroborative testimony in favor of my method has been borne by other independent observers, and notably by Dr. O'Connor, of Buenos Ayres, who states that he has applied it in the treatment of 100 consecutive cases of typhoid fever and has only had two deaths.

In order to maintain the *intestinal antisepsis* which forms an essential part of this method of treatment, I insist on the necessity of scrupulous attention and caution in feeding patients suffering from enteric fever, great danger arising from a failure to note the extremely limited digestive absorptive capacity exhibited by such patients.

In conclusion, the use of alcoholic stimulants and the common employment of depressing antipyretic agents must be condemned, while the cold bath treatment is extremely limited in its applicability and notably inconvenient.

The application of the treatment *as early as possible* in each case is of the utmost importance, as the wide diffusion throughout the organism of the pyrogenic toxin and its morbid action on highly sensitive tissues, when not early antagonized, may reach a degree which renders recovery impossible.—*North Am. Practitioner.*

Strychnine Nitrate Hypodermically in Alcoholism.

Dr. Wm. B. Breed concludes an article on this subject (Med. News, April 7) thus:

1. That we have in this drug a remedy that actually, for a period as yet undetermined, removes the desire for alcoholic stimulation in the chronic inebriate, and that *without the least effort on his part.*

2. A remedy that removes the distress and gnawing at the epigastrium, so common upon the withdrawal of alcohol.

3. A remedy that tones up the nervous system, allays the insomnia, the flighty and other bad feelings in the head, the mental disturbances, and the tremulous agitation and uncertainty of voluntary motions due to the withdrawal of stimulants.

4. A remedy that brings back the appetite and general physical vigor of the body.

5. A remedy that temporarily transforms a wholly demoralized creature into a man.

6. A remedy that is of great value in acute attacks of alcoholism.

7. Incidentally, a remedy that is an exceedingly good and safe heart tonic.

8. More than all, a remedy that exerts a moral influence upon the patient, giving him what he had before wholly lost, to wit: Hope, enthusiasm, self-confidence and courage, where before was

despondency, abandonment and despair; a steady, straight-forward gaze, and a bright, youthful expression of the eye, which replaces the shame-faced, sneaking, apologetic air of total depravity of the chronic inebriate.

9. We have in the nitrate of strychnine not a remedy that will oblige a man to abstain from drink if he does not want to do so, and such subjects do not deserve one. From the results obtained by the gold cure, the silver ash cure, the Keeley cure, etc., we may conclude that we have a remedy that is as efficient as any of these, and much safer—a remedy, moreover. that is not secret, and can be used by men who know the action of drugs, and can use them with discretion and safety to the patient.—*Ohio Medical Journal.*

Death from Attempted Abortion with a Sea-Tangle Tent.

Ds. W. D. Watson (reported in the British Gynecological Journal) was called in consultation in the case of a young married woman of 24, the mother of three children. She had been about two months pregnant and had attempted to produce an abortion on herself with a sea-tangle tent. After leaving it for twenty-four hours she attempted to remove it but only pulled out the string. Next morning her physician was summoned but failed to find the tent although the uterus was partly dilated and from it issued an offensive discharge. Her temperature was 103°, pulse 120; abdomen very much swollen and tender.

A finger was introduced into the uterine cavity but no tent was found. An opening in the wall of the cervix was found and through this the tent was felt in Douglas' cul-de-sac. It was removed through this opening and was found to be about the size of one's little finger. An opening was made into the cul-de-sac and a drainage tube inserted. The vagina and uterus were washed out with 1:4000 bichloride. There was a temperary improvement, but she finally died.—*North American Practitioner.*

Dr. J. Gerard, in *La Medecine Moderne*, reports some very good results which he obtained by the use of inhalations of chloroform in arresting the extension of coryza to the bronchial tubes. In epidemics of coryza and influenza, even in cases where the catarrhal condition was severe, the author has seen the disease aborted.—*New York Medical Journal.*

Abstracts.

Paraform; An Antiseptic.—Dr. Aronson.

Med. Weekly, 1894; Vol. II., p. 143.

At a recent meeting of the Berlin Medical Society, the author recommended Paraform (polymeric formic aldehyde) as an eligible antiseptic and disinfectant, particularly serviceable for disinfection of the intestinal tract. In surgery it may be employed for the disinfection of everything used for dressing, as well as of the operating room. Its chief advantage is said to consist in its retaining its activity while in a vaporous state. It is described as a white, crystalline substance, soluble in water.

On comparing the effects of Paraform with those of iodoform, dermatol, salol, betanaphtol, and benzonaphtol, the author found that only Paraform and betanaphtol completely prevented the development of bacteria. To arrest the growth of the typhoid bacillus, it was necessary to employ a 1:3000 solution of betanaphtol; while a 1:50,000 solution of Paraform sufficed to do the same. With 5 centigrammes (¾ grn.) of Paraform, 200 grammes (6½ fl. oz.) of urine were sterilized; whilst 15 centigrammes (2¼ grn.) of betanaphtol were required for the same purpose.

The author has taken as much as 5 grammes (77 grn.) of Paraform, without experiencing the slightest untoward effect.

The physiological action of Paraform is stated to resemble that of calomel; doses exceeding 3 or 4 grammes cause copious stools, while smaller doses rather constipate.

Dr. A. has treated about twenty children affected with cholera nostras, by administering Paraform in doses of 0.5-1 gramme (7½-:5 grn.) obtaining the same effects as from the use of calomel.

Pure Paraform is said to be irritating to wounds; and when introduced into the organism, this remedy is believed to be volatilized in part, for, on being exposed for some thirty-six hours to a temperature of 38° C. (100.4° F.)—about the body temperature—it loses 10 per cent. of its weight.

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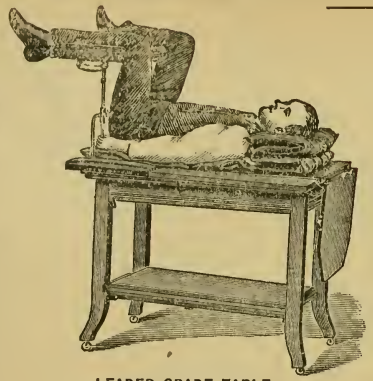

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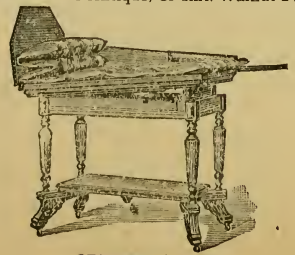

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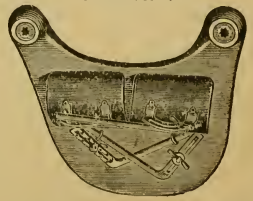

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Experimental Research on Trikresol.

By M. CHARTERIS, M. D., Edinburgh; Professor of Materia Medica and Therapeutics, University of Glasgow.

The so-called "crude 100 per cent." carbolic acid is known to consist chiefly of cresols, which are, however, little soluble in water, owing to impurities of the nature of hydrocarbons, such as naphtalene, and also pyridine bases. If these be removed a clear liquid of a pleasant odor results. This liquid, called "trikresol," is a mixture of ortho-cresol, meta-cresol and para-cresol. It is soluble in water to the extent of from 2.2 to 2.55 per cent., its specific gravity at 20° C. (68° F.) varies betweeen 1042 and 1049, and its boiling point lies betwen 185° and 205 C. (365°–01° F.). With the assistance of Dr. John Morton, of Glasgow, I commenced on February 1st an experimental research as to its physiological action on guinea-pigs. As we were unaware of its exact physiological action, we began our experiments tentatively by injecting 1 minim into a full-grown guinea-pig. This caused no disturbance, and on subsequent occasions injections of 2 minims and 3 minims were found to be harmless. We now resolved to try 5 minims mixed with 25 minims of water, and to compare its action with pure phenol dissolved in the same quantity of water. The guinea-pigs selected for the experiments were full sized and of equal weight. We give the results:

1. *Trikresol Injection*—This injection caused in seven minutes a backward movement, which was shortly followed by convulsions of the hind leg; afterwards the whole body was affected. They were not, however, severe, and in forty minutes they ceased, leaving the guinea-pig a little dull, yet when touched it moved readily.

2. *Pure Phenol Injection*—This injection also caused convulsions, which commenced in the same manner, and extended over the body. They were, however, semewhat more pronounced in comparison with those caused by the trikresol injection; in the course of an hour the guinea-pig recovered.

Neither of the injections was followed by an open sore, but a little hardness in the course of three days was detected at the sites of the punctures in the cellular tissues of the abdomen.

3. *Toxic Dose of Trikresol*—We found that a 12-minin and 10-minim dose of trikresol caused immediately severe convulsions

which became continuous and involved the whole body. From other experiments we came to the conclusion that a lethal dose of trikresol was from 7 to 5 minims.

Bacteriological Experiments.—Experiments on micro-organisms instituted at the same time showed that trikresol is almost, but not quite three times as powerful a germicide as pure phenol. An exposure of the staphylococcus pyogenes aureus to 1 in 20 phenol gave a greater proportion of sterile cultures than trikresol.

Remarks.—It may therefore be concluded that trikresol is a three times stronger germicide than pure phenol, and that is three times less toxic. Its advantages, consequently, for surgical purposes are very pronounced, and in all probability some combination of it with an alkaline base will in the future be prepared, which may with safety and with profit be administered internally in specific infectious diseases.

These experiments were done independently, at my suggestion, by Dr. MacIntyre and Dr. Thomson (assistant to Prof. Macewen). —*London Lancet.*

The Busy Physician.

Who looks so deep into the very depths of the human soul as the physician—I mean the physician who can see, observe and is familiar with the mental as well as physical make-up of man.

No man has to carry so much knowledge as the doctor. He must decide questions involving life and death in a minute. The lawyer has "briefs between his briefs," when he can look up his case and his authorities and prepare himself for the hearing. The minister can choose his time for preparation and take this week to get ready for Sunday. The druggist can look up his questionable points in the dispensary or pharmacopœa behind the prescription counter and let the patient wait for the medicine until he gets time to prepare it properly. So with the chemist. He has ample time to consult authorities. In fact, every scientist—save the physician —has time to look up what he needs as he goes. Not so the doctor. He must be ready to tie an artery; to perform tracheotomy, etc., on short notice, and if he does not decide right, he is scorned by a thoughtless multitude and abused, and talked of, to say the least, disrespectfully.—*Ex.*

Appendicitis—The Latest Fad.

[The following was read by Hon. Clark Bell, of New York, pending the restless moments just before the flash light photographer took the pictures of the two thousand railway surgeons at Galveston on the 10th inst. It brought down the crowd:]

Have you got the new disorder ?
If you haven't, 'tis in order
To succumb to it at once without delay.
It is called appendicitis,
Very different from gastritis,
Or the common trash diseases of the day.

It creates a happy frolic,
Something like a winter colic,
That has often jarred our inner organs some.
Only wrestles with the wealthy
And the otherwise most healthy,
Having got it, then you're nigh to kingdom come.

Midway down in your intestine,
Its interstices infestin',
Is a little alley, blind and dark as night,
Leading off to simply nowhere,
Catching all stray things that go there,
As a pocket it is simply out of sight.

It is prone to stop and grapple
With the seed of grape or apple,
Or a soldier button swallowed with your pie.
Having levied on these chattels,
Then begin eternal battles
That are apt to end in mansions in the sky.

Once located, never doubt it,
You would never be without it,
It's a fad among society that's gay;
Old heart failure and paresis
Have decamped and gone to pieces,
And dyspepsia has fallen by the way.

Then stand back there, diabetes,
For here comes appendicitis,
With a brood of minor troubles on the wing.
So, vermiform, here's ahoping
You'll withstand all drastic droping,
And earn the appellation, "Uncrowned King."

—*The Texas Sanitarian.*

Enlarged Prostate and Cystitis.

I have used Saunetto with gratifying success in cases of enlarged prostate (senile), also in cystitis, and consider it a very worthy preparation. E. F. HITCHCOCK, M. D.

New York City.

The Numerical Strength of the American Medical Association.

According to the report of Dr. Dunglison, Treasurer of the American Medical Association, the list of members by States is as follows:—

Alabama	20	Mississippi	21
Arizona Territory	3	Missouri	165
Arkansas	45	Montana	15
California	110	Nebraska	68
Canada	2	New Hampshire	17
Colorado	41	New Jersey	63
Connecticut	48	New Mexico	7
Dakota	15	New York	273
Delaware	6	North Carolina	17
District of Columbia	97	Ohio	348
Florida	22	Oklahoma Territory	2
Foreign (Turkey)	1	Oregon	14
Georgia	36	Pennsylvania	462
Idaho	3	Rhode Island	26
Illinois	440	South Carolina	18
Indiana	238	Tennessee	113
Indian Territory	2	Texas	71
Iowa	208	Utah	8
Kansas	33	Vermont	20
Kentucky	87	Virginia	38
Louisiana	29	Washington	17
Maine	26	West Virginia	21
Maryland	49	Wisconsin	208
Massachusetts	112	Wyoming	1
Michigan	291		
Minnesota	60	Total	3,921

Pennsylvania, it will be seen, ranks first in point of number, and her demand for reform in the management of the affairs of the Association is, therefore, entitled to recognition, especially when joined, as it is, to the eternal principles of truth and justice. —*Pittsburg Med. Review.*

It is said that Queen Victoria is a poor orthographist. At all events, she can't spell abdicate.

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FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic, Non-Irritant, Non-Escharotic—Absolutely Safe, Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.
DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,
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DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-lithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

REALIZING that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have had prepared for the convenience of physicians

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE AND LAMBERT'S LITHIATED HYDRANGEA.

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Wheeler's Compound Elixir of Phosphates and Calisaya. A nerve food and nutritive tonic for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Say Bone Lime Phosphate, Soda Phosphate, Iron Phosphate, Phosphoric Acid, and the active principles of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununit e Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

NOTABLE PROPERTIES: As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, by determining the perfect digestion and assimilation of food, When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best general utility compound for tonic restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

DOSE—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age. Prepared at the Chemical Laboratory of

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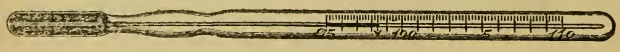

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Please Mention Charlotte Medical Journal.

American Achievements in Surgery.

What may be considered as the first epoch in American surgery was the American discovery of etherization, which was effected conjointly by Morton, Jackson and Wells. Until that time, almost within the recollection of the older practitioners of the present day, the patient who was the subject of a surgical operation suffered untold tortures of pain during its performance, instead of being, as now, rendered absolutely unconscious during the entire ordeal. When a student the writer often heard the recitals of the experience of older men who operated before ether was known. The vivid description by Valentine Mott of the sufferings of the poor victims would touch the sympathy of the hardest heart. To transform such ordeals of agony into peaceful, dreamless sleep was for American surgery a triumph second to none in the long category of its other brilliant achievements. In fact, it was the starting point of all the subsequent possibilities of almost miraculous ventures.

During the late war of the rebellion America made her next grand record by notable work upon the battle-field and in the hospital. The major operations performed during that period were commensurate with the vast number of wounded requiring surgical aid. Never before in the history of any war were so many so successfully or promptly cared for. Indeed, after the elaborate records were finished, and the results published, it was asserted by a leading spirit in the French Academy that America held the surgical scepter of the world. Attesting the truth of this is the remarkable collection of specimens in the Army Medical Museum, Washington, which is unequalled in variety and number anywhere on the globe. The elaborate histories of these silently impressive texts established new principles of procedure which were hitherto unknown to the scientific world, and gave American surgery a just recognition for originality of conception, boldness of execution and success of practice. With a training equal to any emergency, while ever ready to adopt and enlarge upon the views of others, she has not been slow in advancing on new lines and securing new triumphs The aim has been to simplify methods, and thus give them a greater adaptability and a wider practical application. In the treatment of fractures, for instance, this is strikingly manifest in the discarding of cumbersome apparatus and the substitution of

simple and more effective ones. There is hardly a bone in the body which, when broken, has not been benefitted by the American plan of treatment. Notably prominent in this category may be mentioned fractures of the thigh and of the shafts of other long bones. It was reserved for Gurdon Buck, a former surgeon of the New York Hospital, to prove that fracture of the thigh could be most successfully and comfortably adjusted by replacing the complicated harness of straps, stretching screws and heavy splint braces with the simplest form of weight and pulley extensions.

The demonstration of utility of plaster-of-paris splints was likewise made by an American surgeon, the late Dr. James L. Little, who years ago brought it to its present state of perfection. The same principle of fixation was also adopted in an original way by Dr. Louis A. Sayre, also an American, to the treatment of diseases and deformities of the spine, by encasing the trunk in a plaster corset. The simplicity and effectiveness of this treatment are now so well established that Sayre's plaster jacket is endorsed by every surgical writer and used by every surgical practitioner. The same may be said of his original treatment of the collar bone, and of his methods of extension of hip diseases. The ready adaptability in the American mind to the notable advance in surgery has been shown in the matter of aseptic surgery first advocated by the distinguished Scotch Surgeon, Sir Joseph Lister. During a visit to this country in 1876 Lister explained his doctrine, demonstrated its application, and proved its grand results. America was the first to feel the real impulse for good which this discovery made tangible. By its means operations became feasible which before were never dreamed of, and results were obtained which were previously beyond the reach of human endeavor.

Take the advances which have been made in abdominal surgery and for which America can claim no small share of credit. In fact, this country may be said to have originated all the wonderful possibilities connected with this special line of practice. The first one who dared to invade the abdominal region with a knife, and lay bare the vitals, was a Kentucky surgeon, Ephraim McDowell. From the removal of an intra-abdominal tumor, a new field was opened for the mitigation of suffering and saving of life, the cultivation of which has prolonged the average human existence sev-

eral thousand years. The work of McDowell, when its importance was duly appreciated, opened up a new field of practice which has widened into a distinct and almost exclusive department of surgery. Our work has been fully abreast with that of our transatlantic brethren. In the treatment of internal troubles by instrumentation, many other important discoveries have been made in this country during the past few years. Sims' speculum is known and used throughout Christendom. Another equally famous instrument is Bigelowe's lithotrite for crushing vesical calculi, and his ingenious evacuator for disposing of *debris*. Both of these instruments so revolutionized the old system of practice in the particular lines for which they are adapted that nothing now takes the place of the American contrivances. It is within a very short period that O'Dwyer's intubation tubes for the treatment of suffocative croup put in their claim for recognition, but they are now almost universally used in all the class of cases for which they are so eminently suitable.—*Dr. George F. Shrady in the Forum Med. and Surg. Rep.*)

Protoplasm Up to Date.

Protoplasm was formerly described as a homogenous structureless jelly, but is now clearly proved to be of various kinds, differing in each organism, and in different animals. It is of very complicated formations; a more or less delicate net-work of interwoven fibers forming the basis, and a clear watery fluid permeating its meshes, to soften its solidity. These fibers are strung with infinitesimal granules, which move to and fro along their length, and their activity seems to be perpetual. They are apparently without structure, but they are supposed to vary in their composition, and to be capable of even minute subdivisions.

Protoplasm cells contain, besides the clear protoplasm, a nucleus (which again contains minute fibres, fluids and granules), and also a compound called nuclein, in the form of dots, granules or rods, variously arranged, and it is frequently found inclosed in a tubula. This nuclein contains all the properties of the whole protoplasm, and in many instances all the essential characters of the animal or plant to which the particular cell belongs, and probably all the hereditary characters which the plant may transmit to its offspring.—*Times and Register.*

Disease in Railroad Coaches.

In the laboratory of the Imperial Board of Health of Germany experiments were made, and the results which have been published show, says London Science Siftings, that the seeds of consumption were found in abundance in the dust collected, not only on the floors, but on the walls and seats of carriages. Samples of dust were taken from forty-five compartments twenty-one different passenger cars, and one hundred and seventeen animals were inoculated with them. Part of these died very soon thereafter of various contagious diseases, before they had time to develop consumption; of the rest killed, four to six weeks after inoculation, three had tubercles. These three, however, were inoculated with sleeping carriage dust, taken, not from the floor, but from the walls, cushions and ceiling. Bacteria at the rate of 78,000 per squre inch were found on the floor of a fourth-class carriage, and 34,400, 27,000 and 16,500 per square inch on the floors of the third, second and first-class carriages. Thus even in the latter, the average passenger, who usually has at least half a compartment to himself, say 3,000 square inches of floor, has an army of 49,5000,000 deadly enemies aiming at his vitals on the floor alone, to say nothing of other millions in front and rear, on both flanks and overhead. It would seem impossible to escape; but a Board of Health is said to have reported measures for removing or reducing the danger, which the railroads are considering.—*Med. Record—Kansas Med. Jour.*

Abortive Treatment of Gonorrhœa by Permanganate of Potash.

Large injections of permanganate of potash methodically used is the best method of treatment yet introduced. Its advantages are, being absolutely painless in cases of anterior urethritis, and scarcely painful in cases of inflammation of the whole tract; it can be commenced or left off without inconvenience; it has no detrimental action on the mucous membrane, but suppresses every trace of discharge from the first lavage, and is successful about eleven times out of fifteen. The size of the injection, and its frequency and strength, must be adapted to individual cases. Generally, strengths of 1 to 4,000, or 1 to 2,000. or even 1 to 1,000 are tolerated.—*Revue de Therap. Med. Chir.*

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contain Interchangeable Cells, hence can be renewed and restored by the PHYSICIAN HIMSELF, and can be purchased through any prominent Surgical Instrument House in the United States, Germany, England or Canada at Manufacturers' Prices, making them cheaper than the old-fashioned Fluid Machines.

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Horsford's Acid Phosphate.

Recommended as a restorative in all cases where the nervous system has been reduced below the normal standard, by overwork, as found in brain workers, professional men teachers, students, etc., in debility from seminal losses, dyspepsia from nervous origin, insomnia where the nervous system suffers.

It is readily assimilated and promotes digestion.

DR. EDWIN F. VOSE, Portland, Me., says: "I have prescribed it for many of the various forms of nervous debility, and it has never failed to do good."

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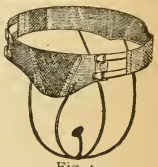

Fig. 4.

Fig. 1.

ABDOMINAL SUPPORTERS.

DIRECTIONS FOR MEASUREMENT.

Give exact circumference of body at K, L. M.

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☞Never fails to give perfect satisfaction, and is very comfortable to the patient. It is indispensable for women during pregnancy and after confinement, as it prevents those bearing down pains which are experienced during gestation. Goods sent by mail upon receipt of price, or by Express C.O.D. charges for returning money added

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We cannot entirely agree with Mr. McKinley that making gold pap bottles for infant industries will furnish all the unemployed with good paying work.

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Tyrian Hot Water Bottles,
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No. 85 Nipples.

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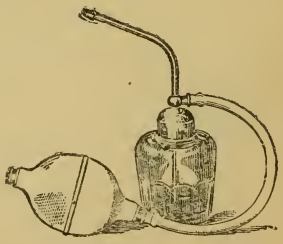
"TYRIAN" No. 15 ATOMIZER

Victim of Experiment.

Death of Norman Munroe, the New York publisher. Submitted to an operation for appendicitis when it was unnecessary.

"NEW YORK, February 24.

"Norman Munro, the yachtsman and publisher. died at 6.15 o'clock to-night, at the Hoffman House. The cause of death was heart failure.

"Mr. Munroe had undergone an operation for appendicitis, but it was afterward found that the patient was not suffering from the disease, and that the operation was not necessary.

"Henry, Mr. Munro's eleven-year-old son, who attended a private school at Dobbs' Ferry, had his vermiform appendix removed by Dr. Abbee on Sunday last. The boy had complained of a pain in his right side immediately after coasting. He is convalescent now.

"HAD THE SYMPTOMS.

"Mr. Munro complained of a soreness in the right side early in the week, and suspected that he had appendicitis. Under ordinary circumstances, he would not have given the matter much thought, but his symptoms being similar to those of his son led him to believe that he was suffering from the same disease. Mr. Munro became interested in the subject of appendicitis, and decided to have the appendix removed. The patient was put under the inflence of ether on Friday and the operation was performed.

"No foreign substance was found in the appendix of the parent or in that of the son. There was *only a gangrenous inflamation of the appendix*.* Mr. Munro recovered from the effects of the ether and conversed with his physicians half an hour after the operation.

"He seemed confident that he would pull through just as his son had done. During the night and early morning his condition grew rapidly worse. At two o'clock in the afternoon Dr. Abbe said the end was looked for any moment. His family was present when he died."

A "Victim of Experiment" was the flashing headline in large type that chronicled the catastrophe, although the operation, it appears was performed by Dr. Abbe, one of the leading men in our ranks.

The discussion of this interesting subject cannot fail of the most salutary effect at all events, and for the sake of that great medical enlightenment that is making our age more brilliant and progressive than any of its predecessors, I hope it will continue until the veil is lifted from its present obscurity, and the refulgence of its promise becomes brighter for the ordeal it has endured.—*Medical and Surgical Reporter.*

Child Crying in Utero.

Dr. E. H. Grandin reported at the stated meeting, February 6, 1894, of the New York Obstetrical Society an instance of this kind. A few evenings since he was associated in a confinement case with Dr H. Marion Sims. The operation elected was version and this proved difficult owing to the large child and contracted pelvic brim. As the foot appeared at the vulva, the child's head occupying the upper uterine segment, a distinct cry was heard resembling that of an angry child under the bed clothes. With each traction on the foot the cry was repeated, being heard not alone by himself but also by Dr. Sims and the two nurses in attendance. With emergence of the trunk the crying ceased. The child was extracted asphyxiated but was speedily resuscitated. The air passages contained no liquor amnii.

The recent death of Dr. Edward Warren Bey calls to mind many circumstances connected with his picturesque career. The journals have chronicled the details of his early life and his noted professional career in America, including his service as surgeon in the Confederate army, and his return to Baltimore after the war, where he resumed his medical practice aud became professor of surgery in the Washington University Medical School. It was during this time that Dr. Warren became a conspicuous figure in the famous Wharton-Ketchum murder trial in 1871. It is related that Dr. Warren, in the course of this trial, made a retort to a lawyer that rendered him famous throughout the world. The Attorney General of Maryland, Mr. Sylvester, who was conducting the case for the prosecution, having pressed Dr. Warren sharply for answers favorable to his cause, in which he was foiled, the Attorney General exasperatingly exclaimed, "Doctors' mistakes are generally buried." "Yes," was Dr. Warren's quick reply, "and lawyers' mistakes are frequently hung."—*Buffalo Med. and Surg. Journal.*

The Transmission of Typhoid Fever by Air.

Investigations on the subject have been made by Dr. Licard, of Beziers. His plan of experimenting was to have patients suffering from this disease breathe through tubes into water that had first been sterilized. Specimens of water thus treated were frequently found to yield the bacilli under cultivation. The bacilli were not always found, but this is not a matter of surprise when it is considered that the best bacteriologists frequently fail to find them under conditions strongly suggestive of their presence. Dr. Licard's results were, however, sufficiently uniform to warrant an inference that the expired breath of typhoid patients, like that from those having typhus, may serve as a channel for fever infection. The vast majority of typhoid infections have their origin in a contaminated water supply, but every observer has been puzzled more or less by cases of the disease which have arisen apart from any known inculpation of the drinking water. These cases of obscure origin may originate from two causes whose bacillar contact is atmospheric, not simply by means of the breath of the sick, but also by emations from sewers, cesspools, and other receptacles of typhoid dejections.—*Texas Health Journal.*

Cause of Death from Bullet Wounds of the Brain.

A London correspondent writes in the Am. Pract. and News that Mr. Victor Horsley maintains that the cause of death from bullet wounds of the cerebral hemispheres is due to the sudden increase of intra-cranial pressure brought about by the entrance of the bullet into the cavity of the skull, a cavity which was closed and already full. As an experimental demonstration of this, he showed that when a closed cavity filled with water and lint was fired into, the increase of internal pressure manifested itself by the bursting of the canister with great violence. The increase of pressure in the brain took effect on the respiratory center, which becoming paralyzed, death ensued.—*Ex.*

Professor Hare advises the use of strychnine as a tonic to counteract all depressing effects, to be combined with chloral whenever the latter is used as a sedative to allay the nervous irritability of alcoholism.

Treatment of Myalgia.

AUGUSTUS A. ESHNER, M. D., in Philadelphia Polyclinic.

We know a large number of affections better clinically than pathologically. One of these is that condition of peripheral soreness or painfulness, sometimes an affection of the muscles themselves or of their fibrous sheaths, sometimes involving the fibrous structures of the joints, sometimes the peripheral sensory nerves. In the absence of definite knowledge as to the precise nature of cases of the kind referred to, I am in the habit of grouping them together under the common designation of myalgia, and have found the following formula of service in the treatment of a large number:

℞ Tr. guaiac. ammoniat.
Fl. ext. cimicifugæ.
Fl. ext. erythroxyli, aa. ℥j.
M. Sig.—A teaspoonful to be taken three times a day before meals.

When constipation co-exists, an equal proportion of fluid extract of cascara is added. I can warmly commend the employment of this combination under the conditions indicated.—*The Kansas Med. Journal.*

Toxins in the Urine During Constipation.

At the recent International Medical Congress, Spallaci (Le Mercredi Medical, 1894, No. 15, p. 175), reported that the inoculation of rabbits and frogs with extracts obtained from the acid urine of individuals suffering from constipation of from seven to eleven days' standing, gave rise to stupors, muscular weakness, general tremor, tetaniform contractions, hypothermia, followed by hyperthermia and rapid death; phenomena more profound than those induced by the injection of extracts of urine passed in the absence of constipation.—*The Medical Progress.*

The first number of the Railway Surgeons, the official organ of the National Association of Railway Surgeons, made its appearance June 5th, and will be published every alternate Tuesday. It is under the editorial management of Dr. R. Harvey Reed and is issued from Chicago. Railway surgery is an important branch of surgery and a journal published in its interest should meet with a hearty reception and continued success.

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Chemical Constituents.	An Oxy-Iodo-Methylo-Analide.
Physical Properties.	An impalpable white powder, anaesthetic, slightly astringent, and of acid taste, unaffected by light or heat; will not decompose under action of metallic oxides, salts of murcury or alkalies.
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AN ENTIRELY NEW COAL TAR DERIVATIVE.

EXCELLENT in La Grippe and all kinds of Headache. SAFE and SURE. Relieves Sciatica, Myalgia, Hemicrania, Typhoid Fever, and troubles due to Irregularities of Menstruation. WORKS LIKE A CHARM.

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GENITO-URINARY DISEASES.

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SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility, Difficult Micturition—Urethral Inflammation, Ovarian Pains—Irritable Bladder.

Positive Merit as a Rebuilder.

DOSE:—One teaspoonful four times a day.

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Parlor Reclining Chairs.

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Any position desired can
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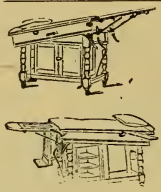
The convenience and practical utility is at once apparent. The upper section revolves and is thoroughly aseptic and absolutely proof against dust and dampness.



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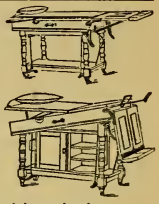

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Please Mention Charlotte Medical Journal.

The Hon. Mr. Busbee's Tribute to the Country Doctor.

In the address of the Hon. F. H. Busbee, of Raleigh, N. C., before the graduating class of the University College of Medicine, April 5th, there occurred the following beautiful tribute to one whose life had been spent in restricted fields, but whose usefulness was none the less potent. It so happily reflects the typical country doctor that we desire to quote the section in full:

Do not be discouraged, gentlemen, because some of you may feel that your sphere of action in your country town is cramped, and unworthy of your powers. Some of the greatest physicians whose names have reflected honor upon the profession were trained in the school of general practice in a country district. I have already had occasion to remark upon the fact that the demands which are made upon a doctor under such conditions are more varied and exacting, and call for greater versatility and genius than the ordinary round of duties devolving upon his brother in a larger city. In the same proportion is the influences of such a doctor a greater power for good within the sphere of his activity.

Who can worthily portray the virtues of the good physician? When He who spoke as never man spake was fulfilling His brief ministry upon earth, the language of eulogy could use no higher term than to entitle Him the "Good Physician." The Gospels are filled with the story of His daily life of healing; how He caused the paralytic to take up his bed and walk; the blind to see and the patient invalid to glow with returning health.

There is no one of us who does not know or who cannot recall some beloved doctor whose life might furnish almost a perfect model for your imitation. There arises up before me the memory ot such a one who has but recently been called from his earthly work in my own town to receive the surpassing reward that awaits a well-spent life.

For men of his mould—

> "In the vein-drawn, ashen-colored palm,
> Death's hollow hand holds water of sweet draught."

Except among the members of his profession his name is not widely known beyond the limits of his State, and it need not be given here; but the community in which his life was passed is desolate. Of wonderful skill in his profession, both as surgeon

and physician, skillful in diagnosis, fertile in resources, cool yet sympathetic, never losing hope, firm in the face of danger, courageous in emergency, he never failed to any duty. As a citizen he was public-spirited and patriotic; as a friend, sincere and faithful, humble and upright Christian; he loved flowers and little children; dumb animals trusted him; women loved him. God's angels never welcomed to eternal life a nobler soul.

Cholera Infantum.

Physicians coincide in their views regarding the treatment of the summer diarrhœa of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, antisepsis. For the antiseptic treatment, Listerine alone, or Listerine, aquæ cinnamon and glycerine, or Listerine, bismuth and misturæ cretæ, will meet many requirements of the practitioner during the summer months. The following well tested formulæ are submitted:

℞ Listerine..... ..... ʒj—ij
Simple Syrup .... ʒvij—vi M.
Sig. Teaspoonful every two or three hours.

℞ Listerine.
Glycerine (c. p.)
Syr. Simpl.
Aquæ Cinnamon .....aa ℥i. M.
Sig. Teaspoonful every one, two or three hours.

℞ Bismuth, Sub. Nit..... ʒss
Tr. Opii..... .... gtt. xx.
Syr. Ipecac } aa..... ʒij.
Syr. Rhei, Arom. }
Listerine..... ℥ss.
Mist. Cretæ ..... ℥j. M.
Sig. Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.

Thirty-two pages devoted to the management of summer complaints of infants and children, may be had upon application to the manufacturers of Listerine—Lambert Pharmacal Company, St. Louis.

Odorless Iodoform.

Iodoform, it is said, can have its disreputable odor successfully masked in the following combination: Iodoform, powdered benzoin, powdered cinchona, and magnesium carbonate, equal parts, and a little oil of eucalyptus. The formula is credited to Lucas-Championniere.—*Ex.*

Mortality of Tuberculosis.

Dr. Lagneau said that his investigation into the relationship existing between occupations and the development of tuberculosis showed that the greatest number of deaths from phthisis occurred in workers exposed to irritating substances in the respired air. In Switzerland 10 out of 100 stone cutters die from phthisis. In England, 1,000 deaths occurring in these workers, 340 were from phthisis. Tuberculosis makes cruel onslaught likewise in those individuals who habitually occupy a bent posture at their occupations, and in those who live sedentary and intellectual lives. Of 1,000 deaths in Italy among students and seminarians, 450 died of phthisis—that is, nearly one-half. In England, of a similar number of deaths in printers, 430 died of phthisis.

On the other hand, statistics show that it is quite exceptional for this disease to be the cause of death of those who live in open air. In Switzerland, of 1,000 deaths occurring in outdoor laborers and farmers, not more than one or two die from phthisis. A similar number of deaths in Italy among shepherds and farmers shows only from forty-four to fifty-five deaths.

In France the sanitary statistics gathered from 662 towns show that the more the population is conglomerated, so in proportion are the inhabitants gravely infected with tuberculosis.—*Medical Record.*

Rheumatism, Gout, etc.

Dr. G. E. Crawford, of Cedar Rapids, Ia., says: "As an adjuvant to the Salicylate of Soda, as well as an excellent vehicle for the administration of that disagreeable drug, I use an extract of Triticum Repens, prepared by the Searle & Hereth Co., called "Tritica," which I regard as much better than the ordinary fluid extract.

℞ Sodæ Salicylatus..... ..... ʒ v ss.
Tritica, S. & H.
Aquæ puræ, aa f ℥ ij.

ℳ. Sig.—A teaspoonful every two hours in water. Prolong the interval as the acute symptoms subside and pain is relieved.

I have found the above combination of great value, not only in ordinary cases of acute and sub-acute rheumatism, but in a large class of cases of renal insufficiency, with rheumatic and gouty diathesis, etc."

Extract from an Article in the "News."

I saw not long since an article in the News asking for short articles on some of our new remedies. Phytoline being one of them, I will give our experience with it as an anti-fat.

Patient, lady aged 28, fair complexion, has in past five years gained considerably more adipose than was convenient to carry about. Applied to us for help about the middle of December last. We gave her Phytoline (Walker) in ten drop doses, and wished for a report in two weeks. On returning reported no improvement. Remedy was continued. Has now taken about four weeks' treatment and measures five inches less around the waist. States that she has felt no ill effects from the use of the remedy. One of our brother physicians lost twelve pounds in two weeks by using Phytoline. Hoping to hear from others through the News regarding its use, so that we may learn in what cases it acts best, I remain

Yours very truly, Dr. H. A. BARBER,
Hastings, Mich.

Normal Liquid Cannabis Indica in Unpleasant Dreams.

Dr. R. T. Edes, in the Boston Medical and Surgical Journal, especially recommends Cannabis Indica for the relief of unpleasant dreams, transforming them into those of a more agreeable character.

"I have frequently had occasion to prescribe Cannabis Indica, and have found Parke, Davis & Co.'s Normal Liquid always efficient in doses of ten to forty minims. It would undoubtedly give satisfaction in cases like the above-mentioned, where the dreams are known to be habitual and not due to the 'traditional mince pie' or disordered digestion."

Germany's Doctors.

Germany, whose population is about 50,000,000, had 21,621 physicians in 1893, against 20,500 in 1892; that is, an increase of 1,521. That makes about 4.37 doctors for every 10,000 inhabitants, but they are not equally divided throughout the Empire; for in some regions there are not even two doctors for every 10,000 inhabitants, while in other districts there are 30 of them for the same number of population. Germany possesses also 915 dentists and 4988 druggists.—*N. Y. Tribune.*

"Pretty as They Are Useful."

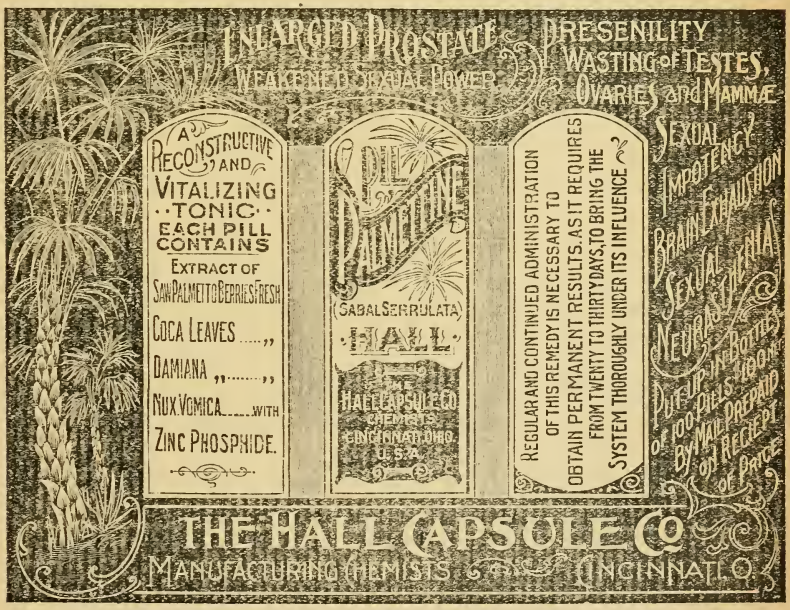
SPRINGER, N. M., December 11th, 1893.

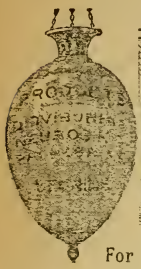
The Hall Capsule Co., Cincinnati, O.:

Gentlemen—I received the 1000 Ruby Capsules sent me by mail sometime since, and am very much pleased with them. They are pretty as they are useful, are excellent in quality, and the most convenient means I have ever seen where two kinds of medicine are given in capsules to be taken in alternation. I enclose postal note, one dollar. Kindly mail me another 1000 of the No. 2.

Yours, etc., L. HINES, M. D.

Specify "THE HALL CAPSULE CO." in ordering.





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COMPARATIVELY INEXPENSIVE—Five parts of SENNINE dissolved in 100 parts of water, (2 ℥ make 4 pints) is sufficiently strong for an antiseptic wash.

FREE FROM TOXIC AND IRRITATING EFFECTS, a substitute for Carbolic Acid, Bichloride of Mercury, Iodoform, etc.

Put up in 2 oz. Tin Boxes with inner Perforated cover for convenience of applying. Price ONE DOLLAR. Samples and literature mailed FREE to Physicians on Application, or the 2 oz. Box postpaid on receipt of $1.

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IN HOME and HOSPITAL,

By MARTIN W. CURRAN, Graduate of the Mills Training School, Bellevue Hospital, New York City.

This book is prepared primarily for a text book in training schools for nurses, but it is a book that every physician that examines will be glad to recommend, not only to young people wishing to fit themselves for the nurse's profession, but also to mothers of families who are anxious to read something on the treatment of diseases and are too often misled by the numerous books of quack remedies. "INFORMATION FOR NURSES" is thoroughly scientific, and the author wisely limits himself to instructing his readers how to follow a doctor's directions intelligently, instead of indulging in the dangerous pastime of administering drugs on their own responsibility.

The retail price of this book is $1.75, but as we expect to introduce it largely through the recommendation of physicians, we will send a copy prepaid to any physician's address on receipt of $1, and shall be glad to arrange with him for placing the sale in his vicinity in the hands of any agent whom he may designate.

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Miscellaneous.

Collect Your Faire.

When a young man appears in your office, Doctaire,
And with a mysterious and diffident aire
Informs you that something is wrong with him whaire—
That is—er—where he—he maketh wataire,
And it hurts till it naturally lifteth his haire,
And he further explains that the whole sad affaire
Came of riding his wheel through a rough thoroughfoire,
Just say to him blandly: "Alas, my dear saire,
In certain precincts the whole atmosphaire
Seems loaded with microbes—I advise you, bewaire
Of these shady retreats, and do not ride thaire."
Then fix up his "dope" and *collect a good faire*,
For as sure as you trust, though he be a prechaire,
He'll beat you or skip to some other doctaire.

—*Medical Gleaner.*

Gurania.

The following from Dr. H. P. Nelson, professor of the practice of medicine and clinical medicine in the Physio-Medical College, Chicago, speaks well for Gurania, the sanitive analgesic, antipyretic and anodyne manufactured by the Yale Chemical Co., Chicago, Ill. Dr. Nelson has given Gurania a most thorough clinical test, and says: "I have been prescribing Gurania for some time in such diseases as recommended, and am more and more pleased with results the longer I use it, and the more I note its influence upon the nervous system. I have given full doses, noting carefully the influence upon the heart, and have never as yet detected any tendency to failure, as is the great danger with so many preparations given for similar purposes. I am satisfied the combination is sanative, and just what the medical profession has long sought."

Veratrum Viride for Puerperal Convulsions.

Davis (Virginia Med. Monthly) claims, from an experience in 25 cases occurring in 35 years of practice without the loss of any case, that veratrum viride will control puerperal convulsions when administered in large doses and that it is perfectly safe to administer it in sufficient quantities to control any case of convulsions. The dose employed was 25 drops or upwards of the tincture, administered by the mouth and as much as 25 drops for the first dose given hypodermically.—*Phila. Polyclinic.*

The Therapeutics of Oxygen.

Dr. A. W. Catlin, of Brooklyn, read a paper in which he stated that the therapeutic use of oxygen was of very recent date. The treatment of disease by natural means was proving more and more efficacious as experience increased. Oxygen was a distinct remedial agent—one that should not be left untried until the patient was *in extremis*. It was the surest and most satisfactory stimulant that we possessed, and was applicable to many conditions. In profound shock, from whatever cause, it had been found to exercise a reviving effect. It was taken up quickly by the blood, but its chief value was in its effect upon the nerve centers, upon which it exercised a quieting and soothing effect. In hemorrhage from tyyhoid fever he had seen relief in many cases. It would produce sleep, favor assimilation, and shorten the period of convalescence of typhoid fever. No agent was so well tolerated or so useful in restoring the equipoise of the physical condition. In cases of childbirth, pneumonia, bronchitis, and other exhausting diseases, the use of oxygen was indicated, and it should not be given late but early.—*N. Y. Med. Journal.*

When to Operate for Squint.

E. Jackson (International Medical Magazine, February, 1894), in a careful consideration of the question of operations for strabismus, makes the following points:

No operation should be done so long as other methods of treatment offer any probable chance of relief. The slow development of co-ordinating power in some children and the possibility of change by future development, should prevent early operative interference; and, as a rule, therefore, operation should not be undertaken before the age of five or six years, and at that age complete correction by operation should rarely be attempted. At puberty complete correction of the squint by operation should be undertaken where it has been incompletely corrected or is of a low degree. In adult life the existing indications govern the operation. In cases of squint due to ametropia the latter should be corrected before operation is attempted.—*Ohio Medical Journal.*

A good example is seldom lost on one's employer.

Small Pox in Chicago.

During the last month there was a noticeable increase in the number of new cases in various parts of the city, and it seemed at one time that the disease would prove epidemic. But for the prompt action of the Common Council in providing means, and the energy of Health Commissioner Reynolds in placing hundreds of physicians on duty, and the Mayor's proclamation urging citizens everywhere to be revaccinated, the disease would doubtless soon have been beyond control. In some of the districts, notably those inhabited by Poles and Bohemians, it was worth one's life to overcome a well-nigh armed resistance and compel thorough vaccination. But the severity of this onset of small-pox is evidently passed, and while abundant provision has been made for their isolation and care, the number of new cases has been steadily diminishing, and it now seems probable that this threatening scourge will soon disappear.—*North American Practitioner.*

Milk as Drink.

Milk is an important food and should not be taken as a drink simply. If eaten as the Persians use it, holding it in the mouth until it is thoroughly combined with the saliva to aid in its digestion, as a part of the meal it is all right, taking the place of other food. It requires digestion as necessary as any other food, but, that it may digest, it is first formed into a solid mass—"curd," and is then acted upon like other solids. Unlike water, which requires no digestion, as a drink, it cannot take the place of our special drink between the meals without much taxing the organs of digestion. This principle is well illustrated by the fact that the nursing infant cannot take its food rapidly, as it must pass through many small orifices, sieve-like, the drawing process exciting the flow of the saliva, aiding in the digestion of the milk and the nourishment of the babe. I repeat, emphatically, that it is food, and not a proper drink.—*Med. and Surg. Reporter.*

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What are the Indications for a Vaginal Examination ?

Edwin B. Cragin (Medical Record, March 3, 1894,) answers this question under three headings, arranged in accordance with three periods of a woman's life—viz., The period prior to marriage; married life during the child-bearing period; the period near or subsequent to the menopause. Great discrimination and good judgment must be exercised by the physician in regard to the first period, and exhaustive efforts must be made to discover the cause of disease outside of the pelvis before an examination is decided upon; but if these efforts fail to locate the seat of the disorder, the physician is not only justified in suggesting an examination of the pelvis, but fails in his duty if he neglects this procedure. The changed condition of the woman during the second period furnishes many more causes for disease of the pelvic organs, and necessarily increases the need for an examination of these parts. Pregnancy itself constitutes an indication for a vaginal examination. After labor, and also at the time the parturient is discharged, the doctor should examine by the vagina, and it would be well if it should become a recognized custom to examine such patient about three or four months after labor. At such a time it could be ascertained whether the vagina is intact, the uterus in proper position, whether or not a trachelorrhaphy is required, or a curetting indicated. The condition of the structure about the uterus would also be ascertained at such a time, and any tendency towards disease might by this means be detected and treatment instituted for its control.

With reference to the indication for an examination during the menopause or after that stage has been passed, it is simply necessary to bear in mind the fact that malignant degenerations are prone to manifest themselves at this period of life, and therefore any symptom that is at all suspicious of such a condition, whether it is in the form of pain, irregular discharges, failing health, or other symptoms, constitutes an urgent indication for a vaginal examination. Particularly in patients who have passed the menopause and then experience a bloody flow, not a day should be lost in attempting to arrive at an accurate diagnosis.—*University Magazine.*

A royal heir-apparent is the only loafer that has any right to blame fate.

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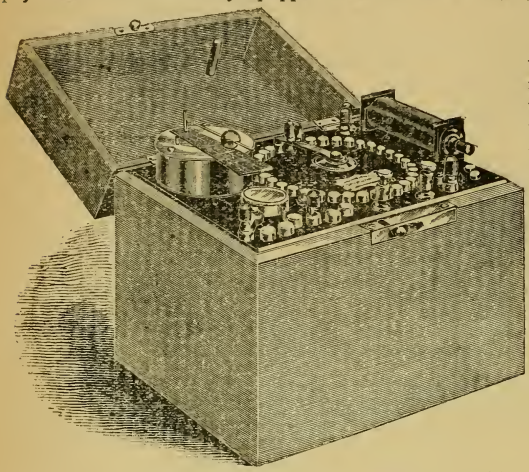

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Climate is a most important agent in fighting Phthisis, but we must consider, before we recommend our patient to go from home, his private means, pleasant companionship, means of outdoor exercise and the living accommodations. Climate is practically valueless in itself without comfort, good nourishment and contentment. Exercise should be regulated by the physical conditions of the patient. Diet should be highly nutritious. Perhaps one of the best medicinal agents to prescribe where there is poor appetite and bad assimilation is the Elixir Six Hypophosphites (W-G's). The stomach will tolerate the Elixir when it will revolt at any syrup of the Hypophosphites. Recollect that microbes do not flourish in the sunlight as they do in the dark, hence sunlight should be freely admitted into his living apartments and his bedroom have a southern exposure, and we must constantly keep in mind that anything that will contribute to deteriorate the health, such as bad hygienic surroundings, neglect of proper bathing, etc., etc., favor the development of this disease.

Dr. Emory Lanphear, for many years editor of the Kansas City Medical Index, has resigned the chair of Operative Surgery and Clinical Surgery in the Kansas City Medical College and has removed to St. Louis. He makes the change in order to become Professor of Surgery in the St. Louis College of Physicians and Surgeons, one of the oldest and strongest medical schools of the West.

"Sic Transit."

As another exemplication of the old adage, "Many are called and few are chosen," it is reported that the "Labordine Chemical Co." has come to grief. J. H. Chambers & Co., Publishers of the Medical Review, secured an attachment for $75.00, and upon the Labordine people taking an appeal, the appeal bond, filed at the time, was found to be even more worthless than the account it sought to stave off. It is known also that they are behind in their rent, and that there is nothing tangible for any of their creditors. Mercantile agency reports say "there is said to be little if anything left for other creditors."

This company originally attempted the promotion of their specialty under the name of Analgine-Laborde. But more recently, however, they have been taking the back track by exhibiting the words Analgine-Laborde, canceled and followed by the announcement that hereafter this "purely vegetable product" would be known as Labordine.

This is an illustration of the result that frequently follows efforts at pharmaceutical promotion, and medical journal publishers will find in many cases the experience of the Medical Review.

A Raid on Abortionists in New York.

On March 23 the police arrested sixteen advertising abortionists simultaneously in different parts of the city. The arrests were made at the request of the Society for the Enforcement of Criminal Law, which, through a skillful male and female detective, had secured evidence for the prosecution of the offenders. Some of the accused succeeded in securing bail, the bonds in each case being fixed at $2,500.

The Texas Medical Journal says of the late banquet to the Texas State Medical Society: "It was a most humiliating failure; there was not enough to eat, and what there was was inferior; the celery stale, the fruit rotten, and the wine indifferent. There were two tables served, one after the other. All the food was placed upon the first table, which proved insufficient for the first tableful, so that when the second tableful appeared there was nothing left to eat." The caterer made a mistake in his estimate for feeding Texas physicians.

Caution to Anæsthetizers.

During a recent clinic by Prof. Hunter McGuire in the new amphitheater of the College of Physicians and Surgeons, Richmond, Va., while chloroform was being administered to a patient on whom excision of portions of the bones of the leg was about to be performed, the patient suddenly stopped breathing, the face became purple, etc., while the heart continued to beat. In a moment Dr. McGuire recognized that the condition was due to the dropping back of the tongue, obstructing breathing. With thumbs behind the rami of the inferior maxilla, he pushed that bone forward, thus lifting up the tongue, and the patient at once began breathing easily, and was kept thoroughly under the anæsthetic for the time necessary for the operation. While this procedure is not, by any means, a new one, it is worth while to record such incidents so as to keep the surgeon or physician well on his guard so as to act at the moment when bystanders are dazed at the shock of an impending accidental death. In short, in using an anæsthetic keep your wits about you, and look out for the sudden emergencies.—*Virginia Medical Monthly.*

Diarrhœa from Impure Water.

In a large factory in Schenectady, N. Y., employing 2,000 hands, much inconvenience was felt, independent of season, from prevalence of diarrhœal diseases among workmen, sometimes to the extent of 10 per cent. of the employees. The company substituted distilled water for that from the river Mohawk, allowing no other in the works. The improvement in the health of the hands was so marked that arrangements are being made to supply the families of the operatives as well, and another firm is about to adopt the same practice.—*Thirteenth Report State Board of Health of New York.*

The Czar's Physician.

Since the death of Professor Botkin, the title of "First Physician in Russia" has been transferred to Professor Zakharin, of Moscow, upon whom has been conferred the St. Alexander Newski order in acknowledgment of services rendered during his Imperial Majesty's recent illness.

Etiology of Bronchitis.

Marfan and Claisse (Boston Medical and Surgical Journal) place bronchitis among the germ diseases. They claim that by the sudden chilling of the cutaneous surface, and especially when the body has been overheated and is perspiring, the blood is chilled and carried to the internal organs, causing such changes that the microbes which commonly infest the upper air passages and bronchi find a favorable condition for their multiplication and pathological operations. Under ordinary conditions the leucocytes are able to control the invading hosts, but the congestion (plus something else not yet understood) produced by the sudden chilling of the surface places the organism in a state of lessened resistance, and the enemy enters and possesses the country for a period varying from two to five weeks.—*Amer. Pract. and News.*

A Grim View of It.

The death of an ossified man in Tennessee is reported. He died hard.—*Chicago Tribune.* This is as bad as the man who swallowed a thermometer and died by degrees; it suggests also the case of the consumptive undertaker who died of a coffin.—*Med. Record.* These remind us of the man who choked while eating an apple and died of appleplexy.—*National Medical Review.* It was in a St. Louis hotel that a Pike county farmer blew out the gas and died from gastritis.—*Meyer Bros'. Druggist.* Not any worse than the man struck by an engine; verdict, died from locomotor attacksia.—*Montreal Pharm. Journ.* Still worse the case of that pieerting dyspeptic of Tiflis, for he died of pieæmia, superinduced by typhlitis.—*Gallard's Medical Journal.*

Unfortunately for Georgia, the bill to regulate medical practice in that State has failed to become a law. Its defeat is placed at the door of the eclectics. This means that Georgia is likely to continue a particularly fertile field for cheap medical schools and cheap doctors. The regular profession in that State may take heart, though, and profit by the advancement Kentucky has made in this line. The quacks here, like the Arab, are folding their tents and quietly stealing away. Patience, perseverance and diligence.—*Medical Progress.*

"That is the very defect of the matter, Sir."

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An attack of asthma may be cut short at the onset by painting the nasal fossæ as far as possible with a solution of cocaine (1 to 20) or spraying the nose with this solution for five minutes.—*Southern Clinic.*

There is no question as to the efficacy of cocaine in those cases of asthma depending upon nasal irritation, polypi, stenoses, etc., but our experience has not taught us to put much confidence in this treatment in asthma, resulting from chronic bronchitis and other causes not depending upon nasal lesions.—*Kansas Medical Journal.*

We bow to you, Kansas Medical Journal, it is hardly probable to get much relief from the use of cocaine in cardiac asthma. Universal specifics won't do to treat a symptom due to such diverse causes.—*American Practitioner and News.*

Shall We Quarrel with Our Neighbors?

It is unnecessary for us to adversely criticise our medical neighbors. Assured of our principles, we need not contend with those who decry us, but can pursue our way without fear of successful antagonism. Honest differences of opinion should be discussed frankly and without passion. Inuendo and abuse are not argument. Life is short at most; days come and go, and we pass away. Let us then not spend time in recrimination. He will succeed best who quietly pursues his calling, not finding too much fault with his neighbor; rather endeavoring to show his superiority by works than words. Your friends will fight your battles for you. Success in the treatment of your patients is the best ammunition you can furnish your adherents.—*Eclectic Medical Journal.*

J. S. Rose, an "herb doctor," an eccentric individual known to everybody in Dayton, is slowly dying at his hut, on South Jefferson street, from sheer old age. In various quarters of the house certificates of deposit on the City National Bank were found aggregating $600. Dr. Rose has been in Dayton for a half century. Whenever a funeral procession passed his hut, he hung out a sign which read: "Not my patient. They never die." The doctor was eighty-six years old.—*Exchange.*

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Extended mention of the contents of the book is unnecessary; suffice it to say that every important disease found in the female sex is taken up and discussed in a common-sense kind of way. We wish every physician in America could read and carry out the suggestions of the chapter on "the sexual relations the causes of uterine disorders—conjugal onanism and kindred sins." The department treating of nervous counterfeits of uterine diseases is a most valuable one. —*Kansas City Medical Index.*

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The work is systematic and compact, without a fact omitted or a sentence too much, and it not only makes instructive but fascinating reading. A conspicuous merit of Senn's work is his method, his persistent and tireless search through original investigations for additions to knowledge, and the practical character of his discoveries.—*The Review of Insanity and Nervous Diseases.*

The work is excellently practical, as the chapters on the treatment of the various conditions considered are based on sound deductions, are complete, and easily carried out by any painstaking surgeon.—*Med. Record.*

The book throughout is worthy of the highest praise. It should be adopted as a text-book in all of our schools.—*University Medical Magazine.*

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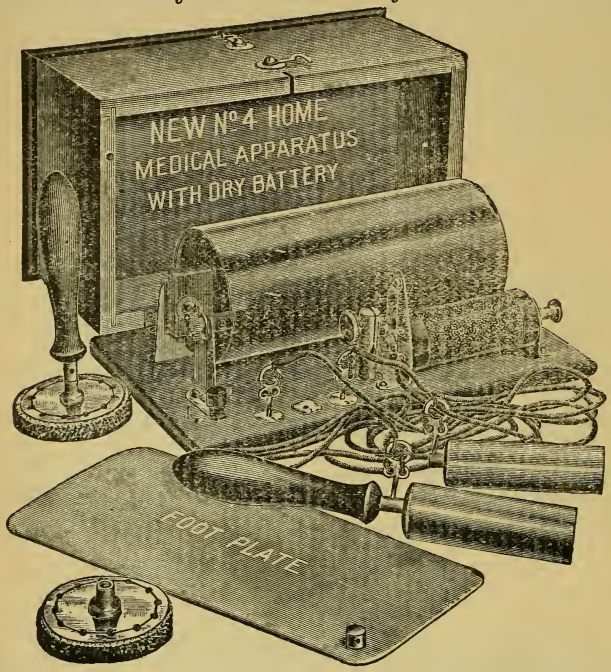

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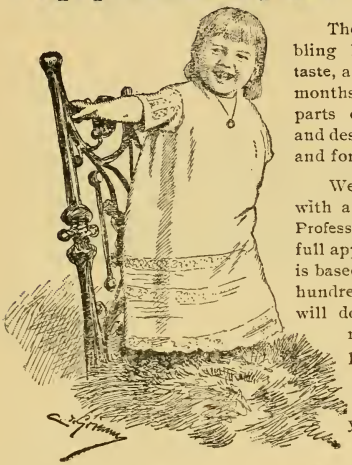

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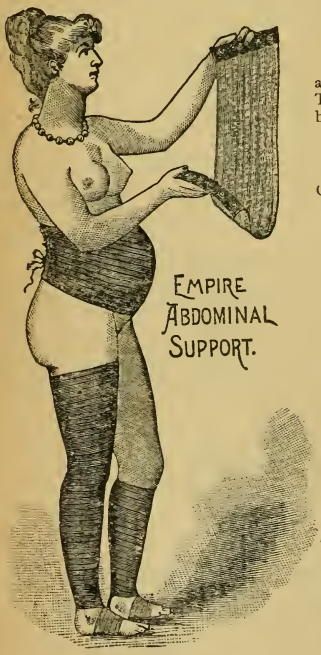

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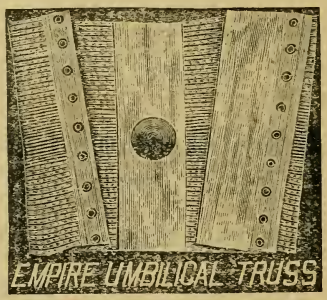

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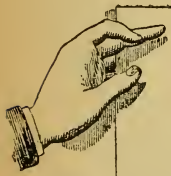

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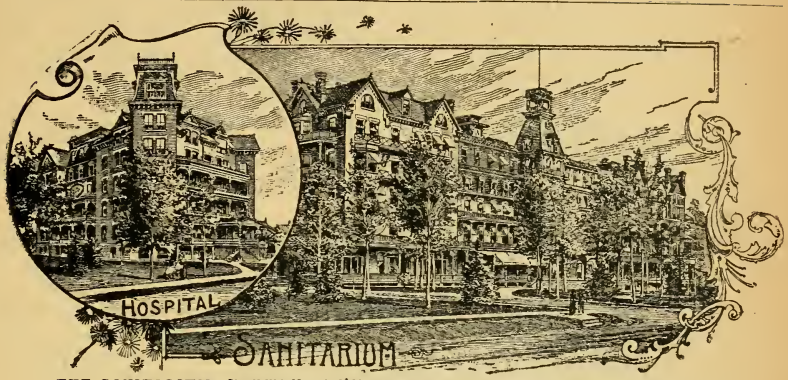

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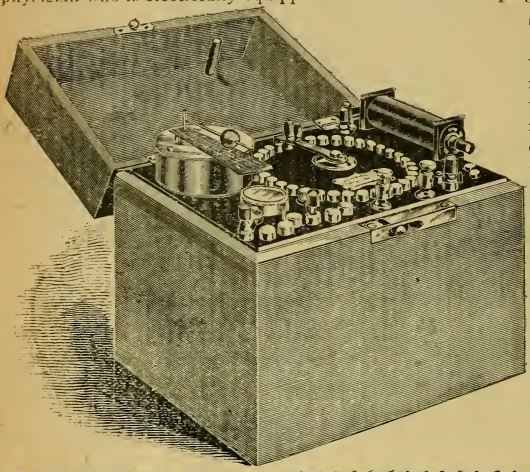

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Charlotte Medical Journal.

VOL. V. CHARLOTTE, N. C., AUG., 1894. No. 2.

A Plea for the Innocents.

By DR. WILL. B. CRAWFORD, Sec'y Davidson County Med. Society, Lexington, N. C.

There is no part of the great domain of medical science which demands closer study and attention than the best means by which we can wage war successfully with the diseases incident upon childhood.

There is no ill to which flesh is heir that requires keener observation, more careful diagnosis, and prompter treatment; and still for the want of proper study, for the want of the above requisites, the "Slaughter of the Innocents" still goes on, year after year, and thousands of the dear, precious little ones are laid beneath the sod, and the consciences of many who adorn (?) our noble profession are soothed by the Bible injunction, "Suffer the little children," etc., when oftentimes death has relieved these little ones of their sufferings (and the wonderful skill (?) of those in whose care their lives have been entrusted), a victim to modern experimentation.

We cannot elicit from them the symptoms with which they suffer as we can those of maturer years. We cannot obtain the subjective symptoms which harass the little sufferer. He cannot tell of the parched tongue, the aching brow, the intense thirst, the pain, the agony of his sufferings. How important, then, that we note carefully every little detail which would guide us in our diagnosis and treatment. The pinched features, the sunken eyes, the glary expression, the position of the patient, and all attending symptoms, should not escape our watchful eye and keen perception, if we would be successful in treatment. Hence the importance of carefully studying *each* case, and when in the hurry of a busy practice we neglect to do so, we dishonor the most sacred duty of our profession, for we should be equally as anxious to start the little ones on the rugged pathway of life, shielded as best we can from disease and suffering, as we are to guide them safely through

the ordeal of childbirth. It devolves upon the physician the utmost importance of paying strict attention to the early months of childhood, and especially during the heated term, when "summer complaint" is liable to occur.

It is evident to my mind that the most common error many of us fall into is calling all bowel troubles of children cholera infantum," when there is as wide a difference as can be in anything, and the welfare of our patient often depends upon differentiating between this and acute dyspeptic diarrhœa and acute entero colitis. Acute dyspeptic diarrhœa is by far the most common form of bowel trouble in children, and occurs generally from indigestible substances in the alimentary canal, which I find easily remedied, if not of too long standing, by removing the cause, re-establishing the functions, then allowing small quantities, often, of easily-digested food, and water sufficiently.

In acute entero colitis we have a more serious disorder, from the fact that there exists the attending inflammation, giving rise to fever, the discharges containing mucus and blood, the abdomen distended and tender, with tendency to become subacute, fever to subside, but diarrhœa to persist, the general health of the child rapidly deteriorates, until it rapidly succumbs to a severe intercurrent attack. These cases usually follow acute dyspeptic diarrhœa. In the worst forms of the trouble there is more intense follicular inflammation, the symptoms are severer in character, similating, and often spoken of as acute dysentery. There is incessant pain, great prostration, rapidly fatal termination.

The treatment which gives me most satisfactory results is calomel in small doses, combined with soda and Lactopeptine, every three or four hours, till character of the discharge changes, alternated with a mixture containing Bismuth, Pulv. Nutmegs, Mist. Creta, Zinc Sulph. Carbol and Syrup Ginger, a teaspoonful after each operation, sponging patient to reduce fever, and applying flannel cloths sprinkled with turpentine to the bowels.

Cholera infantum is a distinct diseased condition, of more sudden onset, attended or characterized by purging or uncontrollable diarrhœa, and violent vomiting, quickly followed by collapse, great prostration, pinched features, sunken eyes, skin inelastic, abdomen not distended, but flacid, and entire body having the appearance of being shrunken. There is great thirst, rapid pulse, high temper-

ature, although the extremities are cold to the touch, patient passing rapidly into deep collapse, death preceded by coma, and often convulsive phenomena. The disease is of short duration and is but a counterpart of choleraic diarrhœa in the adult, and therefore demands prompt measures of relief; is identical, so far as clinical manifestations are concerned. Compared in frequency with the other forms of bowel trouble, it is very rare. So far as treatment is concerned, there being a profound affection of the nervous system, we cannot hope to relieve the little sufferer, but by re-establishing the integrity of the nervous supply governing the digestive tract, and administering intestinal antiseptics, preventing putrefactive changes. For the former there is no remedy which acts more promptly and gives quicker relief than morphia hypodermically, and for the latter I find a mixture of Bis. Sub. Nit., Listerine, Glycerine, and Mist. Creta, or Bis. Sub. Nit., Syr. Ipecac, Syr. Rhubarb Arom., Listerine, Tr. Opii. Camph, Syr. Simplex.

This treatment yields as prompt and efficient results for me as treatment of choleraic diarrhœa in the adult on similar principles. After treating any of the bowel troubles of children, when the acute symptoms have subsided and the system calls for something to regain its former tone, I find nothing which serves me so well, and gives me such charming results as Liquid Peptonoids.

There are four points in the treatment of summer diarrhœa of children, which I strictly adhere to, and have for years, with the most satisfactory results.

In the first place I inaugurate my treatment with minute doses of calomel, combined with soda and Lactopeptine, given every four hours till the discharges assume their natural color, then follow with some astringent, if bowels move too frequently, but often it is not needed. When I first began practice, when I wanted the effect of calomel on children, I gave a "horse dose" at bedtime, followed by oil in the morning. I have learned better now, and give $\frac{1}{12}$ to $\frac{1}{24}$ grain every 4 hours till I get the desired effect.

In the second place, I carefully avoid allowing my little patient to have any form of opium, except paregoric, and not much of that. I am going to make a broad assertion, but my experience justifies it.

There is not a doctor living that I would allow to give my child

opium, as it is commonly prescribed in bowel troubles. I did it years ago, but I have learned better there, too. It locks up the secretions of the liver, and shuts off natures own remedy for disinfecting the alimentary canal—the bile favoring, rather than reducing the inflammation, besides predisposing the patient to cerebral complications. I have seen the little ones die, when I was at a loss to say whether the disease within itself had sapped their vitality, or whether it was the cumulative effect of deodorized tr. of opium.

In the third place, I allow my patients plenty of water. In fact keep them flushed, besides giving the bath, or sponging, once or twice daily. We know that without a proper supply of water, the soluble substances in the stomach are interferred with, and there is passage of undigested substances into the intestines; besides water is necessary in order for the fermentation required in digestion, and last, but by no means least, to moderate the fever by rendering the blood less viscid.

In the fourth place, I allow my patient all the nourishment the stomach can assimilate, of such substances as are easily digested. If the health of an organ depends upon the performance of its natural function, we cannot hope to meet with success in the treatment of these, or any other trouble, if we deny our patient food, thereby impairing the function of the stomach, and depriving him of his main safe guard of defense against disease. However, if the stomach persistently rebels, we must resort to other means, they must have nourishment.

There is no question in my mind but that when we starve our patients, we only assist in a more rapid dissolution.

On July 2d, I was called to see the two year old child of Mrs. E., found the little sufferer with all the attending symptoms of acute entero colitis, following a diarrhœa of nearly two weeks' duration, or what the Dutch around here term "such a terrible runnin' off." There was high fever, discharges containing mucous and blood, the abdomen distended and tender, pulse faster than I could count. The mother, a very illiterate woman, did not realize the condition of her child, and in a very innocent, and seemingly unconcerned manner asked what made her baby rear back sometimes, and bow up so that the back of its head and heels only touched the bed, said "she thought it was its gums, and she had

caught a young rabbit and bursted its brains out, and rubbed its gums to make it cut teeth easy, she had bound tansy and rue to its ankles and wrists to break the fever, and had given it everything anybody else had told her, and nothing seemed to do it any good."

They were very poor people, the unsanitary condition of house and surroundings as much intensified as possible for it to be, and looked as though it might be a summer resort for all the bacteria in the neighborhood. But the promptness with which that child yielded to treatment, under the most unfavorable circumstances, would cause any germ to hide his face in shame, and question his ability to sway the sceptre of disease, and make him doubt his very existence. It really seemed to me to be a hopeless case, and I so informed the parents. I prescribed minute doses of calomel, combined with soda and Lactopeptine, alternated with a mixture of Aconite, Bromide and Nitre. Gave astringents after fever reduced, and brain symptoms disappeared. On returning next afternoon I found an improvement in symptoms, and in one week's time the patient was on the high road to recovery.

My own baby, one year old, was taken with profuse diarrhœa, shortly followed by discharges of mucus and blood, only slight fever. I placed her at once on the small doses of calomel, every 4 hours, followed by a mixture of Bis. Sub. Nit., Mist. Creta, Pulv. Nutmegs, Zinc Sulph. Cabol., in Syrup of Ginger. Teaspoonful after each operation. There was very soon an amelioration of symptoms, the bowels assuming their natural character and frequency, and with the aid of Liquid Peptonoids, she was soon herself again, and since then has been remarkably healthy. Perhaps (?) due to the fact that she got her little hands on the bottle of Peptonoids, removed the stopper and drank what she wanted, and cried when her mother took it from her.

One thing I find in the treatment of children, if we wish success we must administer our remedies in small doses, and above all, in the most palatable form possible. I do not wonder that the majority of children rebel when they have to take medicine, when all sorts of stuff is poured down them, often requiring one to hold the child, another its nose, while the third pours in the vile draught, strangling the little fellow half to death. He spits all out he can, and I don't blame him.

If there is any virtue in the psychological effect of medicine on

the human system, there is surely no place it will be more clearly demonstrated than in the children. There is no question about it, the more palatable our remedies, the better results we will get, and besides, in the place of constituting ourselves the proverbial bug bear for the little ones, we not only win their confidence, but their love and esteem, and they do not hide every time they see us, nor look upon our visits with that sense of dread and apprehension which use to frighten them out of their wits when threatened: "If you don't behave I will have the doctor to give you a dose of medicine." Study carefully to make your prescriptions palatable for the children, and then the fond mother can reverse this threat with charming effect.

Report of Clinical Cases from St. Peter's Hospital.

BY R. L. GIBBON, CHARLOTTE, N. C.

The report of clinical cases is always interesting reading to the average medical man—far more so, as a rule, than purely theoretical articles. To be of any real value, however, the report must be accurately made, and to do this it is necessary that the attending physician keep notes of his cases. The plan of keeping a record of one's practice leads to a habit of thorough and systematic examination of each patient, a trait of professional character which cannot be too highly cultivated by him who would achieve any marked success in the cure of disease. Furthermore, no physician gains the full benefit of his personal experience, no matter how large that may have been, who neglects to keep a written record of at least a certain proportion of his practice. The most retentive memory cannot be relied upon to furnish, with any degree of precision, dates and details, even after the lapse of a few months. An investigation will show that the most successful members of our profession have been profuse note-takers, yet in spite of the obvious advantages of such a course, the average practitioner, whose experience is often as interesting as any one's, rarely takes up his pen for such a purpose.

The first case which I desire to report is surgical in character. Miss C. R., aged 45 years, was kindly referred to St. Peter's Hospital for treatment, by Dr. M. A. Herron, of Mt. Holly, N. C. This patient was admitted in April, 1894, and gave the following

history: "Had borne one child a number of years ago, was a housekeeper by occupation, and had enjoyed excellent health up to some months before her admittance. Several years ago she first noticed a small warty growth on the inner surface of left labia. For the past six or eight months the growth has enlarged very rapidly, and gives rise to a burning pain."

At the time of her entrance to the Hospital, the patient was fairly well nourished, though her general appearance was slightly cachectic. A very offensive odor was present, and the other inmates objected to her sitting in the same room with them.

A physical examination revealed an exuberantly granular mass involving both labia on the left side and probably one-third of the corresponding tissues of the right side. The urethra was fortunately not yet affected, while the clitoris was completely covered over and unrecognizable. Further examination showed the tumor to extend an inch within the vagina and downward to the margin of the anus.

After keeping the patient in the hospital for two weeks with local and general treatment, her sufferings increased to such an extent that it was decided to risk an operation. This consisted in the complete removal of the left lobia, with an inch or more (of the left wall) of the vagina, amputation of the clitoris, excision of a considerable portion of the *mons veneris*, and the upper half of the right labia. The lower portion of the tumor was then dissected from the perinæum down to the rectum, the walls of which were excessively thin. In attempting to separate the tumor from the anterior wall of the rectum, the gut was opened. The parts were now drawn together in the best manner possible; the vaginal wall was stitched to the skin, and the perineal opening closed somewhat in the same fashion as is done in the operation for laceration. A soft catheter was left in the bladder and the usual antiseptic dressing applied. Throughout the whole operation there was comparatively slight hæmorrhage, and the bleeding vessels were easily secured.

The stitches were removed on the 4th and 5th days and the entire wound healed by first intention, with the exception of the rectum, the walls of which were so attenuated by pressure as to defy suturing. As a result, there is left a rectal fistula, but the open-

ing is small and gives the patient such little inconvenience that she has, up to the present time, refused to have it closed.

The removal of such a considerable amount of tissue resulted in relatively slight disfigurement of the external genitals, and to a superficial examination the parts appear to be merely unsymmetrical. The nature of the growth cannot be absolutely determined in the absence of a microscopical examination, but it was in all probability an epithelioma. A letter received a short time since from this patient reports her in excellent health, with no indication of a return of her disease.

The next case is one of external urethrotomy for deep seated impassable stricture. Mr. C. C. H., aged 42 years, was referred to the hospital for operation by Dr. Sam'l L. Montgomery, of Concord, N. C.

The history of this case is as follows: Had an attact of gonorrhœa when 16 years of age, which lasted six months, and left him with a chronic urethral trouble and difficulty in urinating. For the past four years his suffering from this cause has greatly increased, he sometimes going for twenty-four hours without passing any urine; at other times water dripped from him constantly. In other respects he is in good health. An examination of his urethra disclosed a tight stricture of the membranous portion, which was impermeable to the ordinary means at hand. Mr. H., stated that no instrument had ever been passed beyond this obstruction. On June 30th, he was anæsthetised and a second effort made to introduce a catheter into the now distended bladder; failing to accomplish this, a steel sound was passed down to the stricture and an incision made in the perineal region exposing the point of the instrument as it rested upon the obstruction. After several failures, a small groved sound was forced by the stricture and the band cut with a probe pointed tenotomy knife. A full size silver catheter was then easily passed and the bladder emptied. For the purpose of draining off the urine a soft rubber catheter was introduced through the incision into the bladder and left in position, the usual dressing being applied, and held by a T bandage. The patient was given 15 grains of quinine and ¼ grain morphine and put to bed.—July 1st, the day following the operation, the patient's condition was as favorable as could be expected, but on the night of July 2d, he had a chill and the next morning

his temperature was 103° Far. This condition yielded promptly to suitable remedies however, and by July 6th, only a small proportion of the urine passed through the perineal incision and the daily passage of a steel sound was begun. July 12th, urine passes normally, and the patient has learned how to introduce the sound himself. On July 13th, two weeks after the operation, he was sent home with instructions to continue the use of the sound for a lengthened period; if this is done there is small reason to doubt that he will be permanently cured.

The Chemical Putrefactive and Fermentative Changes that Take Place in the Alimentary Canal During Digestion, and Their Relation to the Causation of Disease.

BY E. C. REGISTER, M. D., CHARLOTTE, N. C.

No subject commands a greater interest, and none demands a more serious study than that pertaining to the physiological and pathological processes due to putrefactive changes that are often present in the alimentary canal. The tendency in medicine to-day is to study the origin of disease. We are not satisfied, neither should we be, to undertake to treat intelligently a group of symptoms regardless of their cause.

Disturbances of the digestive organs impairs nutrition, which is an important factor in the causation of disease and one that should not be over looked when attempting to prevent their development. Every cell, every tissue and organ in the body, to perform their functions properly, are dependent upon a normal supply of nutrition. When the source of this nutrition is disturbed, which is usually the alimentary canal, the action of these organs are impaired. Imperfectly nourished cells cannot effectually elimenate waste material, and their accumulation and toxic influence on the system is usually as mischievous as they are well marked. We always have accompanying distension of the stomach, with fetid eructations and offensive fœces, a feeling of depression, headache, vertigo, insomnia, and several other nervous manifestations, the cause of which is dependent on alimentary putrefactive processes. Chemical investigations has shown how disease depends upon the products of putrefaction and fermentation, rather than upon the

direct action of the microbes upon the tissues. It is a fact that long after the microbes have been destroyed, the ferments which they formed, continue to act, and are not destroyed by a temperature which is destructive to the organisms themselves. This is nicely illustrated in the cooking of meat that is tainted by the presence of microbes, the organisms are destroyed, but the ferments they have formed are sufficient to carry on decomposition, and are in many cases the cause of prolonged attacks of sickness, or even the primary cause of the attack.

Modern research has proven how many diseases may depend upon the presence in the system of substances capable of combining with acids to form chemical salts and which correspond to inorganic or vegetable bases. These substances have been given the name of ptomaines; they are chemical compounds, basic in character, and formed by the action of bacteria upon organic matter. They are sometimes called vegetable alkaloids, and in favorable conditions very poisonous.

Another compound with similar properties, resulting from tissue changes in the body, is called leucomaines or animal alkaloids. Poisons of this character are often created in the stomach after the ingestion of ice cream, oysters, canned fruits or even more simple forms of diet. These are often the causes of cholera morbus, cholera infantum, and many other bowel complaints of less importance.

The activity of micro-organisms and their toxic effects in the system depend, of course, upon the peculiar bacteria present, the nature of the material acted upon, the conditions under which the putrefaction occurs, and probably, too, upon the health of the individual in whose body the putrefactive changes took place. Fermentation is an essential chemical process in normal digestion, and the part that bacteria plays in it is a necessity, but when this natural state of affairs is interrupted other processes like decomposition is developed, and if during an attack of enteric fever, which is often the case, all of the bowel symptoms that accompany this disease are increased. After a case of typhoid fever has been properly treated for three or four days, the bowel complications that are so often dangerous, and which in the past has been so hard to control, should, in a great measure, subside. The pathological conditions that are present in the alimentary canal in a typical

case of this fever, is not sufficient to cause an uncontrollable diarrhœa. When this complication is present it is due to the accumulation along the digestive tract of indigestible products, resulting from the ingestion of improper food and usually in quantities far in excess of what the patient is able to digest. When digestion is normal, the breath is without odor, no unnatural feelings are present in the stomach or bowels, and the odor of the digestible products and even the fecal matter is almost absent. When this normal state is reversed and we have sour eructations, with a feeling of fullness and heaviness in the stomach, with probably pain, with loose and offensive evacuations, we then have to deal with putrefactive changes and the poisonous alkaloids generated by this process. It has only been a few years that the profession has contributed the cause of hyperpyrexia in continued fevers in part to fermentative and putrefactive changes in the alimentary canal and the absorption of ptomaines and leucomaines resulting from these changes. The poisons that are the cause of continued fever are not in any way related to the poisons under consideration, yet in these fevers, and especially typhoid, we have conditions of the digestive tract that favor their creation, and their toxic effects when absorbed not only produce a higher fever, but facilitates the activity and indirectly increases the quantity of the typhoid fever poison. It has been stated, and I think it is correct, that typhoid fever poison and all of the pathological conditions that are present in an ordinary case of this fever are only capable of producing a temperature of 102° F., and that a continued range of temperature higher than this is due to absorption of vegetable or animal alkaloids generated in the alimentary canal by the action of bacteria on organic matter. By the administration of antiseptics, these substances can be neutralized or probably destroyed and their multiplication prevented. We have several medicines that possess some power in this direction, and all of them are antipyretics, and they are antipyretics because they are antiseptics. Almost every medicine resorted to to reduce fever in typhoid fever are antiseptics, and all those that have gained any reputation as specifics, or are generally considered useful are antiseptics.

Many years before the conditions that I have just described were known, the value of such medicines as chlorine, iodine, sulphurous acid, the sulphites and hyposulphites, the mercurials, turpentine,

creosote, salicylic acid, boric acid, iodoform, quinine, and probably others, were recognized in the treatment of enteric fever and their therapeutic value depended entirely upon their power to prevent putrefaction of the contents of the digestive apparatus, and their local influence on the ulcerations. It was not due, as the profession believed, to their action on the poison that was in the circulation. I do not believe that we have a medicine that has the slightest effect on typhoid fever poison, that is in the system or that is outside of the alimentary canal. Among the medicines that I have above named, the ones that are effected the least by the digestive juices and those that pass through the alimentary canal the least changed are the ones that are the most valuable. An ideal intestinal disinfectant would be a *disinfectant* that would pass through the entire digestive tube without being partly absorbed or changed by the juices it came in contact with. I am sorry to say we have no medicines that possess these properties. The nearest we can come to it is salol, or the salicylate of phenol. It passes through the stomach unchanged and is not split up until it reaches the duodenum, where it is acted on by the pancreatic juice. It is here divided into salicylic and carbolic acids, the latter is partly absorbed and some of it remains unchanged in the fecal matter.

(*To be Continued.*)

Appendicitis: Criticism on its Management.

The New York Journal of Gynæcology and Obstetrics says:

This disease, which has recently reached a plane of marked and fatal popularity, is quite as much the concern of the gynæcologist as of the general surgeon; for it is not too much to say that women are its victims, in a very large proportion, as well as men. It and its surgical treatment seem to have a strange fascination for the laity in general, and frequently those who have had the vermiform appendix removed appear as proud of the fact as though they were successful freaks in a dime museum. We have more than once met young and educated women who at social entertainments have enthusiastically regaled us with the minutest and, what should have been to them rather disgusting, details of the removal of their own appendices. One young woman informed us, indeed, that her doctor, an eminent surgeon in this city, had even showed her her own appendix in a bottle, and she described its appearance and

length with the greatest interest and satisfaction. As a consequence of this judicious admittance into the mysteries of abdominal surgery, this young lady enthusiastically recommended the surgeon in question, greatly to his advantage, to a number of her friends with a view to the removal of their possibly diseased appendices. Yet these same women would have been embarrassed at any refenence to the condition of their bowels or of the menstrual function, even under professional circumstances.

Now, we do not think it unjust to say that this peculiar attitude of the public toward the surgical treatment of this disease, and the fact as well that it has become a popular craze, are distinctly and directly chargeable to the surgeons who most frequently operate in this malady. They have painted the disease itself in the most fatal colors and praised its surgical treatment unsparingly, as not only the one indication but as an operation almost invariably successful if performed at the right time. The loop-hole in fatal cases has subsequently been discovered in this question of *time.*

Now, we maintain that the operative treatment of appendicitis, except when the presence of pus is detected or at least strongly suspected, is still *sub judice;* that the profession has never admitted it as an established indication; and that, moreover, there is a growing tendency among many surgeons, in view of the undoubted mortality even under ideally favorable circumstances, to practice conservative treatment in all cases except purulent ones.

What, then, is the position of those who by their indiscriminate operating have made of appendicitis the *epidemic of the nineteenth century?* And what is their responsibility who have taught the public virtually to believe that the evident design of Providence in placing an appendix in each of us was that it might be removed?

Our intention is not to condemn or to oppose the operation *per se*, because, as we have said, it is still *sub judice;* if we did so we would err equally with those who maintain it as an exclusive indication. No, our censure is for the indiscretion of many of its advocates who, we believe, have embraced in haste what they will repent at leisure. Moreover, the urgent advocacy and frequent practice of this operation has induced an amount of self-advertising among medical men (in the report of successful cases and of personal interviews in the newspapers) to an extent hitherto une-

qualled. Yet we are old-fashioned enough to think that a physician's successful work is like a woman's virtue, open to suspicion if talked about in public places.

And now to consider the status of the operation: Is it not time that we were furnished with full and comprehensive statistics? Why have we not received a complete roll of deaths as well as of brilliant successes? Is it not time that all these should be given us "in parallel columns" with the statistics of the non-operative treatment? Individual statistics we undoubtedly have, but what is needed is general statistics of the methods of treatment compiled by a disinterested and unbiased mind. If this statement seems harsh or unwarranted in its implication, it is but necessary to refer our readers to the individual statistics of American gynæcologists, of undoubted honesty, in Tait's operation, while it was in the hey-day of its enthusiastic welcome about ten years ago, and then to the very pronounced opinion of the profession as to the value of these same statistics to-day.

In the absence of such statistics, then, as would establish the indication for appendicitis on a basis of general acceptance, let us consider the two opposed methods of treatment on physiological and pathological grounds. While facts alone are all-convincing, in the absence of these an intelligent reasoning on probabilities is not only admissible but is often of positive value.

The arguments in favor of immediate extirpation are: First, by way of preamble, that the appendix is not only a useless but an absolutely dangerous organ—a species of death-trap; secondly, that it is peculiarly subject to recurrent inflammation; thirdly, that appendicitis usually begins by closing the orifice of the organ and ends by perforation or by suppuration, with an equally fatal result.

The arguments of those who practice a non-operative mode of treatment are: First, also by way of preamble, that appendectomy, in the best hands and under ideal conditions, has proved decidedly more fatal than the disease itself; secondly, that recurrence of inflammatory attacks in this organ, if the primary attack has been cured, is not more frequent than such an occurrence in any other pelvic organ; thirdly, that the tendency of appendicitis is generally toward complete resolution—which position they emphasize by maintaining that the first stage, or congestion, of this disease not

infrequently occurs and rights itself without treatment of any kind; and, finally, that their opponents who rush to the operation upon the appearance of the first suspicious symptom—frequently nothing more than a localized pain and tenderness—subject their patients to a very serious operation for symptoms which might with equal probability be due to simple colic or to the impaction of fæces in the large intestine. Thus, "*parturiunt montes, nascetur ridiculus mus!*"

The first argument of the advocates of immediate extirpation is unquestionably, from a physiological point of view, a decided assumption of fact. The vermiform appendix, although its especial function in the economy of digestion has not yet been discovered, is a portion of the large intestine furnished with an abundance of glands and of absorbent vessels. Its orifice, under normal conditions, is patent, and hence the contents of the small intestines, almost immediately after their passage through the ileo-cæcal valve, must constantly pass in and out of the appendix. It also has the power of peristalsis. With what show of reason, therefore, can it be said that this organ, as fully equipped for work as is any other part of the large intestine, is useless? Furthermore, there is surely nothing either in the gross or in the minute anatomy of this organ to render it peculiarly liable to repeated attacts of inflammation *de novo.*

These facts dispose of at least two very powerful arguments brought forward by the advocates of immediate extirpation, and should establish the right of the appendix to at least respectful investigation instead of the impatient scorn and intolerance with which it has been considered by surgeons generally.

With regard to the other arguments, on both sides, it is merely a matter of personal equation; for they are, in effect, assertions on one side and denials on the other. In this condition of things we see no relief until the coming of the disinterested and unprejudiced statistician.

One thing, however, is certain; that the opponents of the conservative treatment of appendicitis have done very serious harm to their cause by their extreme self-confidence, their intolerance and their boastfulness. It scarcely demands a prophet, we think, to foretell a very general repudiation of this operation, at least for most of its present indications, at no distant date. Whatever its

actual merits may be, the practice of its indiscreet adherents will cause its condemnation.

It would naturally be thought that our recent severe lesson in the matter of Tait's operation and the present aspect of gynæcologists, crowding upon each other's heels in their haste "to put on record" the fact that they are now most conservative in the treatment of the uterine appendages, would have made us rather cautious, at least for a time, in our investments in new medical crazes. But that is a curious trait in human nature which causes men to rush with an irresistible impulse to the top of a hill—metaphorically speaking—only to turn round *with the crowd* and rush madly down again. And it is this exhibition of human weakness which lends a touch of grim humor even to the most fatal of medical fads.

Losophan in Sycosis.

Cases of sycosis, especially those of the parasitic variety, frequently tax all the therapeutic resources of the physician. The difficulty in treating this affection is due to the fact that the parasite, the trichophyton tonsurans, penetrates deeply into the hair follicles and cannot be effectively attacked by many of the dermal antiseptics in common use. To successfully destroy the organism the remedy selected must not only penetrate the skin readily, but must be powerfully antiseptic and devoid of irritating qualities. Losophan has been found to meet these indications both by American and European authorities. According to the careful experiments of Saalfeld, it destroys cultures of the trichophyton in thirty seconds, and his clinical results in cases of parasitic sycosis were equally favorable. In a case reported by another author, in which the sycosis had existed for years and had resisted treatment by various dermatologists, excellent effects were obtained from the use of Losophan during a period of ten weeks. The treatment consisted in washing the affected skin with a solution of bichloride of mercury 1 to 1000, and after this had dried, applying Losophan in the form of a ten per cent. solution in oil. In the employment of this remedy it is of especial importance that it should be thoroughly dissolved in oil and not simply mixed with fats. A solution of the strength of 10 per cent. is sufficient for all ordinary purposes; but if much irritation exists a somewhat weaker solution should be employed.

Clinical Uses of Trional.

Dr. James S Kennedy (New England Medical Monthly, May, 1894,) writes as follows regarding his experience with Trional as a hypnotic and sedative: I have used Trional in cases of nervous diseases where no pain accompanied and nothing could excel its promptness and its continued action was from seven to nine hours. In melancholia of severe degree, with insomnia, Trional always gives prompt relief. One case in particular where the patient could not allow any one to walk on the same floor, and the least jar of shutting a window or slamming a door would cause wakefulness for hours, was so relieved that it was more than an ordinary noise that could excite her. In maniacal excitement and cases of marked restlessness where chloral and paraldehyde were powerless to do good Trional, gave sleep for eight hours on a single dose of ten grains. In alcoholic mania its results are not less than in the cases before mentioned. In a case which came under my care some time since, the patient had been howling for over seven hours, breaking everything breakable within reach, was quieted on a fifteen-grain dose in beef tea, repeated in one hour, sleep followed shortly after the second dose, and the patient awoke six hours afterward in his right mind. There is a secondary effect which comes on from eight to twelve hours after the first sleep which partakes of a narcotic condition and an afternoon nap is frequently caused in persons on the day following its first administration. The dose can in ordinary cases be lessened after the second or third period of administration and the same effect be noted. On awakening the patient feels refreshed and there is none of that dread sickness of the stomach as from opium and its derivatives. Severe bodily pains and loud noises sometimes lessen the effect of the first dose, but at the second the nervous system seems to take no notice of outside disturbances.

There is no doubt about the value of Cactina Pillets. In heart troubles, especially those of neuralgic character, weak heart, exhausted energies, some neurologies and nervous prostration, Cactina Pillets will prove curative.

JOSEPH C. ELLIS, A. M., M, D.

Frankford, Philadelphia, Pa.

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NOTICE--CAUTION

The success of Fellow's Sprup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in **the property o retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers sur rounding them) can then be examined, and the genuineness—or otherwise—of the tents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, New York.

The Charlotte Medical Journal.

E. C. REGISTER, M. D., J. C. MONTGOMERY, M. D.,
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Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

ROAD MAKING.

It is cheering to observe the interest with which certain of our literary monthlies are taking up the subject of the art of road making. No subject is of more interest to the physician, and especially the country practitioner, than the proper construction of road beds. In cities the streets are usually firm, but the city physician, even if he has good streets upon which to drive, does not always have his cup of life brim full of happiness, but the country physician's days work is sufficiently arduous, even without the continual jarring of his nerve centers, which results from riding over ill built roads, to say nothing of the wear and tear of his horse and buggy caused by mile after mile of mud holes and rocks. Within the past few years a great increase of interest has been taken in the making of roads. This may be due to some extent to the rapid development of bicycling. Nothing is more conducive to the prosperity and swift development of any community than properly constructed road beds. There is no question about this county having more good roads than any county in the State. For five, seven and ten miles in every direction leading from Charlotte the roads are superb. They are planned and constructed by a skillful engineer, and they are cheaper, better and more lasting than the roads which are built in turns by untrained farm hands.

Dr. Middleton Michael, of Charleston, died June 4th, at the age of 72. He was a native of Charleston, and graduated from the Medical College of South Carolina. He received part of his education in Paris. He was for many years Professor of Physiology in the Medical College of South Carolina.

ALWAYS HAVE YOUR HYPODERMIC SYRINGE WITH YOU.

I was recently returning home on the cars from a distant city and the conductor on the train, whom I knew quite well, came to me and asked me if I would go back in the sleeper and relieve a gentleman who was suffering with something like cholera morbus. I kindly assented, thinking of probably a nice little fee, and congratulating myself on being a physician and trusting that I might relieve the sufferer I went with the conductor. I found my friend to be a large robust man, evidently a man of means, suffering with a severe attack of cholera morbus. Knowing how quickly and nicely a hypodermic of morphine acted in such cases, I at once ordered a little water and felt for my syringe. To the utter disgust of my patient and mortification to myself, I did not have it with me, and not being a homeopath, I was not expected to have granules of all colors and for all purposes, you can imagine my situation. Of course it was simply an accident that I did not have it, but then a man suffering with a pain in his stomach thinks such accidents as these should not occur. This accident suggests to me that a physician should never change his clothing except when absolutely necessary, and especially his vest, for in his vest he carries a number of things that he cannot get along without, and in changing he will surely forget that which he will most need. I found my hypodermic in my other vest pocket. I relate this incident that I may warn my friends of the necessity of having such things always with them. We cannot tell when an accident will happen and it seems a part of our duty to our fellow men to be always prepared, in season and out of season, to meet, with simple remedies, any emergency that may arise, especially when no other professional help is to be obtained. A few tablets in the vest pocket, and a knife, and scissors and artery forceps may be of inestimable service, or even save life, in such cases.

THE Senate of the United States confirmed the appointment of Dr. John S. Billings to be Lieutenant Colonel and Deputy Surgeon General of the United States Army, on June 16th.

BALTIMORE still in the ring. Up to July 2d, 819 physicians had registered in that city. They still continue to appear for registration. So says the Maryland Medical Journal.

THE GREAT STRIKE.

The great war that has been waged between capital and labor seems at the present time to be about ended. This fight has been strictly between the laboring man and the man with the money. There are three classes who do not belong to either the strikers or the capilalists—the lawyer, the doctor, and the merchant. These three have been alike affected, yet they were non-partisans in the battle. The physician, from his philanthropic and humanitatarian heart, conscious of the sufferings and miseries of others, sympathizes with and pities the strikers from the futility of their struggle, the hopelessness of their cause and the inevitable results. Do not understand that the doctor is in sympathy with the strikers' principles, but only the sufferers who are made helpless, their helplessness being caused by the strike. Every strike adds torture to the suffering, starvation to hunger, and death to disease. There is no doubt about corporations being abominable and heartless enterprises, but no more so than the strikers are thoughtless and their action unwise and unlawful. This present strike is a strange situation. On the one hand we have sympathy and pity; on the other we have law and justice. The principle upon which the strikers wage this war is fallacious, and they need no support —they deserve none. The physician and the merchant are nothing but laborers in a different field. Suppose they would go on a strike for higher fees and prices, what would be the result? They would be met on all sides with denunciation and cries of oppression; yet it is just as reasonable as the present strike, which endeavors not only to stop all railway systems, but all other business as well. They have interrupted commerce, destroyed confidence, and pauperized themselves and families. The physician submits to all these losses and inconveniences caused by these strikers, yet he takes no hand in the contest.

We call the attention specially to Dr. Will. Crawford's article on "A Plea for the Innocents." It is full of good sense and will be interesting and profitable to all who read it.

Dr. J. B. S. Holmes has been elected Assistant Professor of Obstetrics and Gynecology in the Southern Medical College. Dr. Holmes was formerly from Rome, Ga.

THERE are a certain class of people, and among this class will be found many physicians who think that for the practitioner to succeed in his profession he must give up everything and devote his whole time and thought to medical matters alone—that a physician should be known to the public simply as a physician and nothing more. There is no doubt about medicine being such a deep subject as to occupy a man's entire life study, and then die without comprehending it all; but just because a man is a physician is no reason why he should not participate in non-medical enterprises. Why should it lessen the esteem of the public for him? This reminds me of what a prominent Baptist minister recently said to me, that he once thought that if a man was a minister he could not under any circumstances laugh, and must go around with a long, drooping, melancholy face, depicting what misery it must be to be a minister. This minister is one of the best men I ever saw; yet he is the jolliest, most whole-souled gentleman I ever knew. Physicians are often judged not by what they know about medicine, but by the manner in which they discuss the allied sciences and outside matters. In America the tendency just at the present time is rather toward the discouragement of side interest. In all countries medicine always claims the first place in the thoughts and labors of him who would be a first class physician, but just now the demand for the fealty of the young American practitioner is very clamorous. He must obtain professional learning and experience that in former times characterized mature old age before he gets out of his twenties; he must digest and assimilate the details of the principles and practice of medicine and surgery, must be a specialist, must have a fair knowledge of the intricate methods and extensive literature pertaining to bacteriology and he must keep up with the rapid progress made in therapeutic invention and experimentation. It is comforting to note that we can point to physicians of great eminence in the profession who are known in the community as men of wide culture and of great attainments in general literature, history, art, etc., and claim that this diversity of mental activities is one of the secrets of medical eminence. We would not advise physicians to enter too extensively into non-medical enterprises, but we do not think that for them to devote a few spare hours now and then to the culture of art, history, philosophy, or the attainment of a fair knowledge of some

department of history or general literature would be unadvisable. By so doing they will broaden their sympathies with their fellow men; will give them intelligence in conversation; will be a safe guard against despondency; will hinder that atrophy of character seen in men who have either stifled or satiated the aspirations and ambitions of early life, and are making self-love and money-keeping the sole object of existence. Grasp every attainment that lies within your powers.

We have just received the catalogue of the North Carolina Medical College, sessions 1893–'94. This institution was founded in 1886, as a preparatory school of Medicine, with a course of instruction extending over one year. In 1890 the present management enlarged the course and lengthened the terms of instruction to two years.

In 1893 it was incorporated as the North Carolina Medical College, the time of instruction increased to three years and the course enlarged so as to include all the branches taught in the Colleges belonging to the Southern Medical College Association, and all the subjects required by the State Board of Medical Examiners of North Carolina.

The requirements for matriculation and for graduation of the Southern Medical College Association will be enforced by this institution.

The next session will begin the 13th of September and close the middle of May. Forty-four students were matriculated last session, seven of whom received the degree of Doctor of Medicine. The address of Dr. G. Weir Mitchell, to the American Medico-Psychological Association, with appended letters from prominent neurologists, will appear in the July issue of the Journal of Nervous and Mental Diseases of New York. This is indeed a fine address and should be read by every physician throughout the country.

Dr. William T. Briggs, Professor of Surgery in the Medical Departments of the University of Nashville and Vanderbuilt University, died June 13th. He occupied many positions of honor in the College from which he graduated.

Mr. Charles Harrison is the newly-elected Provost of the University of Pennsylvania to succeed Prof. William Pepper, resigned.

LIQUOR UTERANS.

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WE DESIRE to call the attention of Physicians to this preparation as a superior UTERO-OVARIAN SEDATIVE AND ANODYNE.

EACH FLUID OUNCE REPRESENTS:

Black Haw	55 Grains.
Blue Cohosh	28 "
Golden-Seal (Represented by the White Alkaloid)	55 "
Jamaica Dogwood	25 "

The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a Uterine Tonic and Anodyne Sedative is indicated.

DOSE:—One-Half to One Teaspoonful.

Eminent practitioners contend that the present habits of life tend to produce Uterine and Ovarian disorders of various kinds.

The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with Liquor Uterans.

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of Liquor Uterans. We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

SAMPLES WILL BE CHEERFULLY MAILED TO PHYSICIANS ON APPLICATION.

Correspondence and reports of cases invited.

The Virginia Pharmacal Co.

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Mention The Charlotte Medical Journal.

BOOK REVIEWS.

LECTURES ON THE SURGICAL DISORDERS OF THE URINARY ORGANS. By REGINALD HARRISON, F. R. C. S., Member of the Council and lately one of the Hunterian Professors of Pathology and Surgery, Royal College of Surgeons of England; Honorary Fellow American Surgical Association; Surgeon to St. Peter's Hospital, etc., etc. Fourth Edition, etc. Re-written. London: J. & A. Churchill, 11 New Burlington Street. 1893.

This work contains 588 pages, divided into thirty-six lectures. This edition is larger than the preceding ones, owing to the fact that the author has incorporated his Lettsomian Lectures of 1888 and Lectures before the Royal College of Surgeons in 1891. There is no subject that interests physicians more and none which they should more thoroughly understand than diseases of the urinary organs—they are difficult to treat. This work is very plain and practical and treats these diseases very fully and elaborately. In reading the lectures on Urethral Stricture we notice the author thinks excision of the urethra a good plan in instances in which the lesion is due to laceration or wounds of the deep urethra. He does not speak very highly of electrolysis as a very desirable method of treatment. He recommends in strong terms dilatation as the best treatment for the larger portions of urethral strictures, and is rather inclined to limit the performance of internal urethrotomy to cases of penile stricture and the deep urethra in which gradual dilatation is impracticable. The author is not opposed to Holt's divulsion operation. The operation of lithotomy and lithrotity are described in detail, and while he concedes the usefulness of epicystotomy, he by no means thinks it the only operation for calculus. These lectures afford an excellent and conservative guide to the treatment of the surgical disorders of the urinary organs. There are few books we prize more highly. For its neat appearappearance, beautiful printing and excellent binding we praise and compliment the publishers.

THE PRACTICE OF MEDICINE. By EDWIN M. HALE, M. D., author of the New Remedies, Diseases of the Heart, and How to Take Care of It. Emeritus Professor of the Theory and Practice of Medicine in the Chicago Homœopathic Medical College; Member of the American Institute of Homœopathy; The Illinois Institute of Homœopathic Physicians, etc., etc., pp. 1033, 8vo. Chicago: Gross & Delbridge. 1893.

In the author's preface he states that "the aim of this book is to present to the physician the most practical way of treating disease by medical and hygienic methods." To accomplish this purpose

the author has not only drawn from his own experience and observation as a general practitioner for forty years, but also from his colleagues of all schools of practice. The author entertains the broad belief that while the law of Similia is the chief guide in the selection of drugs, there are other methods of cure which should not be neglected. The writer is very general and liberal in his views, and there is no question about the work being done from an honest and conscientious standpoint. This is quite a large work, containining nearly eleven hundred pages, and is divided into ten chapters. In chapter I. the fevers are considered, thirteen in number, not including the eruptive fevers, which follow in chapter II. Chapter III. is devoted to the Specific Infectious Diseases. Under this chapter the treacherous disease, diptheria, is noted. This article is very suggestive and will be helpful. Space will not permit a detailed account of each chapter. The chapters are all just long enough—not too long—no burdensome reading. The author does not date the dose of any medicine, but has left the dose, the size and repetition to the individual experience and observation of the practitioner, except in cases where it is absolutely necessary to give explicit directions. We can say with confidence to our friends who may not be associated with the homœopathic school, that they will find in this book much that may be utilized by them in practice. It contains a storehouse of practical suggestions based upon experience and common sense, with little that is dogmatic. An elaborate index of fifteen pages closes this most interesting volume, which is sent out in its handsome appearance from the popular publishers, Gross & Delbridge, of Chicago. This work deserves the careful examination and patient reading of the profession.

A Complete Repertory of the Tissue Remedies of Schuessler. By S. F. Shannon, M. D., Denver, Colorado. 1894. Price, $5.00, net.

From the doctor's preface we quote the following, "There can be no doubt in the mind of any Homeopathic physician who has carefully used these remedies, that they occupy a separate and distinct place for themselves not heretofore filled by any others. They do not usurp the places heretofore filled, but each one fits into a place before occupied by no other remedy."

This book cantains 544 pages and is printed on the very best paper, with new type and bound in fine leather. The book is alphabetically divided into seventy-six chapters, and by turning to

the proper chapter every symptom is quickly found. This is the best and only complete Repertory on the twelve tissue remedies of Schuessler that has ever appeared in the English or any other language.

BIOGRAPHY OF EMINENT AMERICAN PHYSICIANS AND SURGEONS. Illustrated with fine photo-engraved portraits. Edited by R. FRENCH STONE, M. D., author of Modern Medicine;" Surgeon-General National Guard State of Indiana; Consulting Physician to the Indianapolis City Hospital and Dispensary; Ex-President of the Marion County Medical Society; Professor of Materia Medica, Therapeutics and Clinical Medicine in the Central College of Physicians and Surgeons, Indianapolis, etc., etc. Indianapolis: Carlon & Hollenbeck, publishers. 1894.

We have long needed a new American Medical Biography. To those familiar with the history of American medical literature, it is needless to say how lamentably deficient it is in the above respect. There is no lack of memoirs, yet they are, for the most part, either included in voluminous cyclopœdias or scattered through local and ephemeral publications, practically inaccessible to the great majority of readers, which renders them almost a nullity as respects the object for which they were written. In presenting this publication the editor presents a book differing in scope, plan and arrangement from all others hitherto published by including an account of the many illustrious medical men who have honored our profession from the early Colonial days to the present time, and places their services and claims for remembrance more conspicuously than has yet been done before the American people. In reading this book the author not only shows what has been accomplished by our illustrious predecessors in the medical profession in the early history of this country, as well as by the labors of those notable pioneers still in the field of action, but he especially presents the achievements of our more recently distinguished medical men who have given American medicine and surgery a rank as high at least as the science and practice have attained in the older countries of Europe. In every age and among all nations by which medical science has been cultivated, the names of those who have devoted themselves to its advancement or to the application of its principles to practical purposes, have been inscribed upon the brightest page of history, whose ample face bears record of the grateful homage paid to worth. If neither in the forum, the pulpit, or the tented field can the physician be heard and admired by many, yet there are other domains

in which his service and his merit are no less revered. It has been truly said that the ordinary life of a physician is essentially a history of private benevolence, abounding in charitable acts and deeds of Samaritan kindness, rather than of public renown. As a rule it is devoid of stirring adventure by field and flood, and its current, though deep and strong, is too quiet to fully awaken the interest of the masses.

This magnificent volume contains something over 700 pages, printed in small type, though easily read, double-column. The sketches are short and concise. Doubtless the author has left out some men of distinction, but he has presented a greater number entitled to such distinction, representing the different periods of American history, than has hitherto been published in any other work in this line of medical literature. The author has included in this volume biographical sketches that present with sufficient fullness the latest results of original and historical research, and has arranged them in alphabetical order, thus rendering it a reference book of the most valuable character. The field from which the editor has gleaned is a wide one, national in its range. Authors who have made important contributions to the literature of the profession, and those who, by long experience of professional success, have become of eminence, have been fully recognized. The book begins with an introductory chapter containing an outline review of medical science and medical practice from an early period in our country's history to the present time, and is supplemented by a complete "Local Medical and Surgical Index," or alphabetical arrangement under cities and States of the names and business address of eminent physicians, surgeons and specialists, as well as the page upon which their biographies are to be found. This directory is designed to aid those who seek professional services at particular places, and is a feature especially desired by correspondents in every section of the country. The book is profusely illustrated by numerous fine photo-engraved portraits, accompanied by facsimile autographs, thus affording a most valuable and attractive natural portrait gallery of the distinguished medical men of the country. The mechanical part of the work is faultless and will adorn any library. This book will prove of general interest and permanent historical value, alike complimentary to our profession and the country in which we live.

SMALL HOSPITALS. Establishment and Maintenance, by A. WORCESTER, A. M., M. D., and Suggestions for Hospital Architecture, with Plans for a small Hospital, by WILLIAM ATKINSON, Architect. 12mo. Cloth, $1.25. New York: John Wiley & Sons, 53 East Tenth Street. 1894.

Great interest is rapidly developing in this subject, and the necessity of a hospital for every village is becoming more and more apparent. This little book answers the questions that directly confront the promoters of the hospital movement. In Part I. full directions are given for inaugurating the hospital and for arranging its management. In Part II. is given a set of admirable plans for building a small hospital, together with a most useful chapter upon Hospital Construction, by William Atkinson, Architect. While thoroughly up to date and embodying all the underlying principles of hospital establishment and maintenance, the book is not too technical for the general reader.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY. Volume XIV. Session of 1893. LEWIS H. ADLER, Jr., M. D., Editor. Octavo, pp. xxviii.—484 Philadelphia: William J. Dornan. 1893.

The Philadelphia County Medical Society is one of the most active and best disciplined County Societies in the country. It has had thirty-four Presidents and now has something over six hundred members. We have just received the proceedings of this Society, its annual volume, and it is full of excellent literature. It contains fifty-nine papers, written and read by prominent men in the profession. It is always well for a society to have its proceedings published in book form for reference—for this purpose they are invaluable. These proceedings form a handsome volume of nearly five hundred pages. We desire to express our thanks to Dr. Lewis H. Adler, Jr., for sending us this volume. Such volumes as this should be found in every medical library.

A MODERN WIZARD. By RODRIGUES OTTOLENGUI, author of "An Artist in Crime," "A Conflict of Evidence," etc. G. Putnam's Sons. New York: 27 West 23d St. London: 24 Bedford Street, Strand. 1994.

The title of this book alone will cause many to read it. It is well written and the plot is well planned. Dr. Mejora plays his part well. Jack Barnes makes good investigations. Agnes Dudley is a fine girl. The play would not be complete without the dog. The lawyers take a prominent part in the novel. It is very interesting and some parts very exciting. It is the best detective novel ever published in this country.

WEEKLY ABSTRACT OF SANITARY REPORTS issued by the Supervising Surgeon General M. H. S., under the National Quarantine Act of April 29th, 1878, and the Act granting additional Quarantine Powers, and imposing additional duties upon the Marine Hospital Service, approved February 15th, 1893. Volume VIII, Nos. 1—52. Washington: Government Printing Office. 1894.

This is a very useful book as reference. It contains thirteen hundred pages and has an index of forty pages. This volume will be of great value to sanitarians, for it comprises the data of the outbreaks and spread of epidemics, particularly of cholera abroad during the year. Considering the size of the work and the minute details that it embodies, it has been remarkably well printed, and very free from errors.

An important new book just announced is "Practical Uranalysis and Urinary Diagnosis." A manual for the use of Practitioners and Students, with numerous illustrations, including colored photo-engravings. By Charles W. Purdy, M. D., of Chicago, author of "Bright's Disease and Allied Affections of the Kidneys," "Diabetes: Its Causes, Symptoms and Treatment," etc. A one volume practical and systematic work of about 350 crown-octavo pages, in two parts, subdivided into twelve sections, and an appendix.

Part I is devoted to the general subject of Analysis of Urine, treating in detail of Urine Composition, Organic and Inorganic Constituents of Normal and Abnormal Urine, Physical Characteristics, Volumetric, Gravimetric, Centrifugal, and all other methods of analysis. The various processes and methods of Detection, Determination, Calculation, etc., of all pathological manifestations and substances in the urine, with their causes and clinical significance, including the Urine as a Toxic Agent, all forms of Urinary Sediments, Casts, etc., are discussed with great clearness and force.

Part II is devoted to Urinary Diagnosis, and discusses fully all forms of Urinary and Renal Diseases, including Anatomical Considerations, Regional Relations of the Kidneys, Ureters, Bladder and the Renal Pelvis, also their Physical Examination, etc., Clinical Diagnosis of Urinary and Renal Diseases, such as Renal Tuberculosis, Cancer, Diabetes Insipidus, Diabetes Mellitus, Misplacements of the Kidney, Cystitis, Uræmia, Chyluria, Vesical Stone, etc. The Diagnostic Value of the Urine in Acute Infectious Diseases, such as Typhoid, Yellow and Typhus Fevers, Scarlatina, Cholera, Diphtheria, Variola, Cirrhosis of the Liver, Jaundice, Acute Rheumatism, Gout, Meningitis, Hysteria, Epilepsy, Pul-

monary Tuberculosis, Pneumonia, Pleurisy, Bronchitis, etc., are clearly and scientifically set forth, the author giving special prominence to the relations of the chemistry of the urine to physiological processes and pathological facts.

In the appendix is presented the highly important subject of Examinations of Urine for Life-Insurance, wherein full and explicit rules for the thorough physical, chemical, and microscopical examination of the urine of applicants for life-insurance are given, and the information here presented is of the greatest value to every physician who examines for life-insurance companies.

This is the first American work of a comprehensive character for more than a decade in this department of practical medical science, and it should meet with a cordial reception by the medical profession everywhere.

It has been the special aim of the author to furnish the student, physician, and surgeon, in one convenient volume, the essential features of our present knowledge of the urine and urinary diagnosis, thoroughly up to date and in a systematic, concise and practical form, so that students and practitioners who obtain this work will secure the fullest as well as the latest trustworthy information on this important subject without the necessity of their procuring the larger and more expensive works.

The well-known house of the F. A. Davis Company, 1914 and 1916 Cherry street, Philadelphia, will issue the work in September, 1894. The book will be first-class in quality of paper, presswork, and binding, and the price most reasonable, namely, $2.50 net, in extra cloth.

Merrill & Baker, New York city, are making a two-volume edition of George Eliot's "Mill on the Floss," with twelve original photogravures; also an edition of "Anacreon," on hand-made paper, with eleven photogravures; a four-volume octavo subscription edition of McCarthy's "History of Our Own Times," with twenty-four photogravure protraits of leading English statesmen, and a 12mo. trade edition of the same; a new edition of twelve of Ruskin's most popular books; an edition of More's "Utopia," with four rare old portraits; an edition of Judge Tourgee's "An Outing with the Queen of Hearts," and a handsomely embellished inexpensive edition of the "Ruby Poets," fifteen volumes.

Reprints.

A Suggestion of an Operation to Correct Astigmatism. By W. H. Bates, M. D., Assistant Surgeon, New York Eye Infirmary. Reprinted from the Archives of Ophthalmology, Volume xxiii., No. 1, 1894.

Hepatic Abscess, with the Report of a Clinical Case. By W. Blair Stewart, A. M., M. D., Instructor in Practice, Medico-Chirurgical College, Philadelphia. Reprinted from The Medical Bulletin.

Medical Department University of Georgia. Medical College of Georgia, Augusta. Circular of Information. 1894–'95.

The Uric Acid Diathesis and its Treatment. By John F. Barbour, M. A., M. D., Neurologist to the Louisville City Hospital. Reprint from The American Therapist, june, 1894.

Fifteenth Annual Meeting of the North Carolina Pharmaceutical Association, to be held in Asheville, September 30, 1894. Every Pharmacist in the State is cordially invited to attend this meeting, and, if not a member, to connect himself with the Association. Blank applications for membership can be had by applying to the Secretary.

Functional Constipation. By W. Blair Stewart, A. M., M. D., Byrn Mawr, Pa. Reprint from New England Medical Monthly for April, 1894.

One of the very best schools in this country for the thorough and practical training of men for the medical profession, and one offering superior advantages in the way of an able faculty, well equipped laboratories, and ample hospital facilities, is the medical department of the University of the City of New York. This school has a corps of sixty-four professors and instructors, including such men as Dr. Alfred L. Loomis, Dr. W. H. Thompson, Dr. Wm. M. Polk, Dr. Lewis A. Stimson, Dr. R. A. Witthaus, Dr. Stephen Smith, Dr. H. G. Piffard, Dr. P. A. Morrow, Dr. A. M. Phelps, Dr. Chas. Inslee Pardee and many others with an international reputation. The faculty controls a splendidly equipped dispensary where 20,000 visits are annually paid, and it offers its students exceptional facilities for practical instruction at the bedside in Bellevue Hospital, which is directly opposite the College buildings. See their advertisement in this issue and write to Dr. Pardee for full particulars.

MALTOPEPSINE TILDEN'S

A UNIQUE AND PREPOTENT DIFESTANT.

PROMPT. PLEASANT AND RELIABLE

WHAT IS IT? Maltopepsine is a dry powder, essentially of Malt-Diastase, Pepsin, Hydrocloric and Phosphoric Acid, with a pleasant, sweetish acid taste.

WHAT ABOUT IT? It appeals to the good sense of the thoughtful Physician, (1) because it combines the three indispensible elements of a perfect digestive ferment. (2) Because it has fully demonstrated its value by exacting clinical tests in many forms of Indigestion, Dyspepsia, Vomiting of Pregnancy, Lyenteric and Dysenteric Diarrhœa, Sick Headache, Cholera Infantum and the Indigestive Diarrhœa of children.

ELIXIR MALTOPEPSINE

(Each f. drachm contains 10 grs. Maltopepsine.)

Is the same thing in a liquid form. It has a beautiful, clear, claret color, and is as grateful to the taste as a tart grape wine. Peculiarly adapted to the stomach and bowel ailments of children and persons who find powders objectionable.

FREE SAMPLES of the maltopepsine (dry) will be sent by mail. A *full pint bottle* of the Elixir by express prepaid, on receipt of 50 cents, for packing and carriage

Prepared only by THE TILDEN CO., NEW LEBANON, N. Y.

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375 GRAINS TEST SOLUTION TO THE OUNCE.

ADVANTAGES

STRENGTH { (1) BEING THE STRONGEST—It requires a smaller dose; is more economical, and more uniform in strength and action.

PURITY. { (2) BEING THE PUREST—It does not nauseate; May be used *HYPODERMICALLY* with entire safety—will not cause sores or abscesses; Produces natural expulsive pains: Is prompt and energetic in its effects.

Free samples will be sent to Physicians who have not had an opportunity and may desire to try it.

REPARED ONLY BY THE TILDEN CO. NEW LEBANON, N. Y.

Reviews of Extracts.

With reference to "The General Practitioner," it is our privilege to introduce to our readers its author, Dr. Strehz; by a few remarks concerning his "Personale," in as much as we believe that a biography, however fragmentary of so eminent a man, will give the best idea of the quality of his work. According to the Chicago Herald the Doctor enjoyed already considerable reputation in his profession as a scientist before he permanently settled in that city. At one time he was Surgeon Superintendent of German Emigration to Australia. As Explorer, he is well known as a close observer, having been supplied in his younger days with the proper pabulum to successfully pursue his calling at the best European schools—Berlin, Paris, Vienna, London, etc. He has been practicing medicine in almost every clime, for no other reason than to satisfy his craving for knowledge. The Bathhurst Free Press of '78, referring to the qualifications of Dr. Strehz, states, "he is very highly thought of by some of the most learned men not only on account of his professional skill, but also for his linguistic attainments. During his extensive travels he has been much engaged in ethnological researches and his writings on his travels in America, China, and the Phillippines are said to be as original as they are graphic.

We may mention that through vicissitudes of life the Doctor lost twice quite a fortune, and when most men would have mentally collapsed, he managed to write "The General Practitioner," the true outcome of his many experiences and perhaps the most remarkable medical hand-book ever published. Its first appearance caused rather a sensation in professional circles, and there were and are still a good many doctors who try hard to prevent its sale; yet the better class of them, who take a correct view of their onerous duties toward the public, have welcomed it with unqualified satisfaction.

There exists indeed neither in Germany, nor France nor England, a work that treats of the art of healing as a whole as does this manual and it stands equally high in the management of its contents, the different branches of medicine, with their subdivisions, having been most practically classified and condensed into 460 pages, a compass as yet unattained for such vast and varied information.

Whatever is said, is intelligible and to the point; and in conjunction with the author's own experience (which embraces a period of about thirty-five years, in various parts of the earth), it is in conformity with the teachings of acknowledged authorities all over the world.

The author's originality in other matters than those of mere arrangement is *prima facie* evident, and the work possesses throughout a high scientific value, which makes it not only a trustworthy guide, unsurpassed as a handbook for everyday use, but also an important addition to medical literature.

Ranking thus as regards reliability and practical utility, with any standard work, but surpassing each and all in concise and graphic language, it will be hailed with satisfaction by the great mass of medical men, both here and in Europe. The book is composed of Two Parts; the first of which treats of the Remedies, while the second treats of the Diseases in which those Remedies are employed.

In order to impart to the work still more the character of one for ready reference, and facilitate the search for desired information, diagnostic and differential symptoms, with other characteristics of a disease, are printed in italics; while the remedies employed in their treatment are rendered conspicuous by a heavy type, and numerals indicating the prescription, to be found in the therapeutical part of the book.

Translation.

BERLIN, July 2, 1894.

H. Aronson, M. D., Berlin:

DEAR DOCTOR—I take great pleasure in placing at your disposal the results obtained by me with injections of Diphtheria Antitoxin-Schering.

Twelve children out of 64 at the Girls' Protectory (Madchenhort) had been stricken by the disease in a severe form; two of them died; all the others were treated with the Antitoxin-Schering, after which the institution was closed.

On opening the "Madchenhort" a week later, I was happy to note that no new cases developed, and even to-day, after six weeks, all are well, although the most direct intercourse had existed and I can likewise state the same fortunate result from Antitoxin injec-

tions in cases of brothers and sisters of children suffering from diphtheria. I further inoculated 30 children in 9 families where diphtheria had broken out, not one of whom was attacked by the disease.

In 6 families, where I was called at an early stage of the disease, yet undeveloped, but undoubtedly diphtheretic in character, I injected the Antitoxin in all the children, sick and well alike, with the result that, although the membranes developed in the sick children, a very much milder form and shorter duration of the disease was obtained; the destruction of the Ophlexic Plaques being simply a marvelous one.

In an experience of 25 years, during which I have treated several thousand cases of diphtheria, I have never seen the disease assume such a mild form as after the injection of your Antitoxin. I can only say that I am delighted with your remedy.

Accept my kindest regards and believe me,

Fraternally yours,

(Signed) C. SCHULER.

The importance of iron as a medicinal and therapeutic agent in the treatment of enæmic and chlorotic conditions is unquestioned. The main point to be determined is what is the best form in which it may be administered. It would seem that if the iron as it exists naturally in the blood may be had—that is to say, if the blood iron itself is available—then that form is certainly the great desideratum in iron administration. Messrs. F. Stearns & Co., of Detroit, Mich., offer for clinical experiments such a form of iron in Hæmoferrum (Stearns'), which is the element iron united with the proteid matter just as it exists in the blood itself. Hæmoferrum (Stearns') is a natural proteid compound of iron (not an artificial mixture of albumen or peptone with iron) and contains all the iron present in the blood, it being the principal constituent of the red blood corpuscle. It is aseptically prepared from fresh bullock's blood by being separated from the serum and excess of fibrin, and, therefore, is entirely different from all artificial salts, chemical compounds, or mixtures of iron, be they organic or inorganic. Messrs. F. Stearns & Co. request the profession to give their new product a thorough trial, and offer to send samples and literature free on application.

Treatment of Typhoid Fever Without Alcohol.

Prof. J. Burney Yeo, of London, read a paper at the late International Medical Congress held at Rome, in which he strongly condemned the use of alcoholic stimulants as well as all other so-called antipyretic agents. We quote the following summary of this paper from the Medical Week:

"Scientific and rational medicine requires that our therapeutic ideas should be in accord with our pathological knowledge, and the modern changes in our beliefs as to the nature and causes of the phenomena of specific fevers require a corresponding modification in the therapeutic conceptions and indications applied in their treatment.

"For the present I shall deal with enteric fever, taken, for this purpose, as a type of specific infective fevers.

"It is admitted that infective fevers are of bacterial origin, and their characteristic symptoms, of which pyrexia is one, are excited by pyrogenic and other toxins, developed by specific micro-organisms in the blood and tissues.

"Certain substances, outside the body, will arrest the growth or put a stop to the activities of such micro-organisms; while other conditions, as the presence of putrefactive processes, on the other hand, stimulate their growth and activities.

"We also possess agents capable of exercising some control over the pyrogenic and other toxic effects of those micro-organisms within the body. It is, therefore, an essential therapeutic indication in the treatment of these diseases to endeavor to antagonize the pyrogenic and other poisons secreted or produced by this invading microbe. This is the 'anti-toxic' or 'antiseptic' idea as applied to the treatment of fevers.

"The research for direct antagonists to the activities of infected microbes is of even greater practical interest in the treatment of diseases like typhoid fever, than attempts in the direction of producing immunity. Clinical observations show that the average course and character of those fevers can be favorably modified, and to some extent controlled, by such antagonistic agents.

"I have myself made numerous observations in this direction; and remarkable corroborative testimony in favor of my method has been borne by other independent observers, and notably by Dr.

O'Connor, of Buenos Ayres, who states that he has applied it in the treatment of 100 consecutive cases of typhoid fever and has had only two deaths.

"In order to maintain the intestinal antisepsis which forms an essential part of this method of treatment, I insist on the necessity of scrupulous attention and caution in feeding patients suffering from enteric fever, great danger arising from a failure to note the extremely limited digestive and absorptive capacity exhibited by such patients.

"In conclusion, the use of alcoholic stimulants and the common employment of depressing antipyretic agents must be condemned, while the cold bath treatment is extremely limited in its applicability and notably inconvenient.

"The application of the treatment as early as possible in each case is of the utmost importance, as the wide diffusion throughout the organism of the pyrogenic toxin and its morbid action on highly sensitive tissues, when not early antagonized, may reach a degree which renders recovery impossible."

This notable utterance by a man of eminence, upon the use of alcohol in typhoid fever, is well worthy of careful consideration by intelligent physicians. Medical men of sound sense and extensive experience are speaking out upon this important question in all parts of the world.—*Modern Medicine.*

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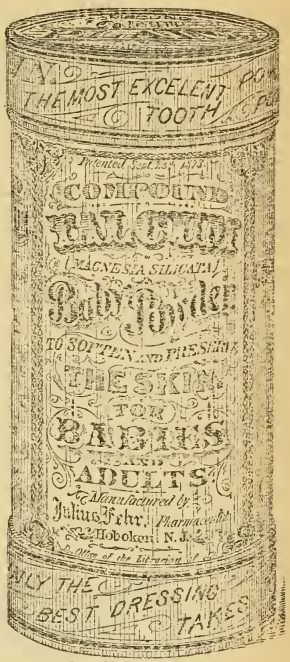

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Fig. 1.

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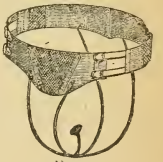

Fig. 4.

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A Card to the Citizens of North Carolina Concerning Blind Children.

In view of the completion of the Morganton Institution for the education of the Deaf, and their removal from the Institution for the Deaf, Dumb and Blind, at Raleigh, the latter institution is better prepared than ever before to sustain and educate the Blind. Our capacity is increased, our force augmented and our methods ameliorated; all of which enables us to do more efficient work than we have heretofore done. We are anxious that every blind child in the State receive an education; we wish to do all in our power for the betterment of this unfortunate class, to enable them to avail themselves of this FEEE Institution in which the State so magnanimously offers to instruct this class of its citizens.

With a view to this end, we earnestly appeal to the philanthropic people of our commonwealth to aid us in this noble work. We wish to be put in touch with every Blind child within our borders. We desire the name, postoffice, township, county and nearest railroad station of every child of this class in North Carolina. Also the name of the parent or guardian of such child. With such data, we will correspond with the parents and guardians of these children, and in this way put them in reach of an education.

Will not the good people of the State who know of a Blind child or children in their vicinity send us a card with the information wanted? We promise to use our best efforts to get these children in school, if you will enable us to get their names. Please forward the data at once and greatly oblige, Very truly,

B. F. MONTAGUE,

For the Board of Trustees The North Carolina Institution for the Deaf and Dumb, and the Blind, Raleigh, N. C.

W. J. YOUNG,

Raleigh, N. C., July 9, '92. Principal.

I have given Peacock's Bromides a thorough trial, and have since then invariably prescribed it in preference to other preparations of its kind. During my trip across the ocean, I gave it to several passengers who suffered a great deal from sea-sickness, with very beneficial results. J. WILMOTH, Ph. D., M. D.

New Orleans, La.

Laudanum in the Treatment of Diphtheria.

It is well known that, in children affected with diphtheria, the dyspnoa and inspiratory spasms visibly increase under the influence of fright and restlessness, while they diminish when the little sufferer quiets down. This fact suggested to Dr. C. Stern, of Dusseldorf, (Medical Week) the idea of administering opium in the form of laudanum, to children affected with diphtheria, in the hope of thus exerting a favorable influence on the respiratory disturbances due to the laryngeal stenosis. The results obtained by this treatment seem to be worthy of note, inasmuch as Mr. Stern was frequently enabled by this means to avoid tracheotomy in cases in which this appeared before administration of the laudanum to be the only resource.

He gives the little patients, according to their age and the intensity of the respiratory difficulties, from two to five drops of vinum opii, repeating this dose several times when necessary. In the case of children over a year old, he generally begins by administering three drops of laudanum in a teaspoonful of sweetened water. If the effect of this dose is not sufficiently marked, he gives in half an hour two drops more of laudanum. This second dose is said to frequently determine a notable diminution in the cyanosis and drawn conditions of the features. As soon as the respiratory disturbances appear again to be on the increase, another dose of the remedy is given. In this manner, laudanum may be administered for several days in succession at the rate of from three to five drops daily, with careful watching of the child both with reference to the narcotic effects of the drug and the possible need of tracheotomy, although the laudanum treatment in the majority of cases permits of dispensing with this operation.

This treatment is said to be particularly efficacious, when instituted early, especially from the very onset of the respiratory disturbances. Lastly, in cases in which tracheotomy eventually becomes unavoidable, the laudanum treatment makes it at least possible to delay the intervention without inconvenience, which is of considerable importance when the patient has to be transported to a hospital to undergo the operation.—*North American Practitioner.*

A little Post newsboy attracted attention and sold lots of papers by crying, "Yer's yer Post all about the self-suicide."

An Experience.

If there is one particular thing which I specially and specifically affect, and dote on, and gloat over, it is simplicity—simplicity in discourse, I mean. I do not so much object to the length or thickness of a word, but deliver me from a land-slide of exiguous ideas encased in adumbrous obfuscation, basted with altisonant nebulosity. It throws one, you know, into that condition between a sweat, etc., in which you are tenanted with godless reflections, profusely festooned with latent profanity. To slash the mind up corruscating heights of scintillant diction till it is lost in the termiological mazes of periodal scholarizing—it is literary dudism!

Last week a young lady, cerulean of hosiery and Bostonese of enunciation, came into my office. All her words were sand-papered and varnished, and all her sentences wore spectacles.

Seating herself she said: "Doctor, something—that is *something*, if we concede entity and objectivity to abstract movement—something afflicts me."

"Ah, I perceive," said I. "Is it as if a summation of effects in hypermetabolism had concentrated in a part?"

"Somewhat," said she with a pleased look, "but a peculiar occult essentialism, in which *mustness* contravenes *oughtness*, appears to be the centralizing feature."

"Do not cataclysmal thought-bursts, and emotional regurgitations, under the stimulus of ideational luminosity characterize its exacerbations?" asked I suavely.

"This *is* the most marked supraphysical expression;" said she, "but my pathological possessor is bifurcated, and its grosser branch defies my excogitory power."

"Do you note ventral disturbances in which a phantasmagoria of accuminated effects, together with schneiderean formication, impringe upon your consciousness?" asked I blandly.

"Yes," she sweetly replied, "and in synchronous consentaneity with those phenomena there often comes a sensation of æsophageal ventosity, sequential to which is a lingering, listless, languorous, lubricity of imaginative cerebration. Dear doctor [in tones limpidly plaintive] what is it?"

Taking a vial of smelling saltz in my right hand and supporting her head with my left, I answered: "Hysterics and worms!"—C.
—*Eclectic Medical Gleaner.*

Diagnosis of Pregnancy.

Lawson Tait, in a clinical lecture, points out the great difficulties experienced in obtaining truthful and correct histories from illegitimate pregnant women, and the great caution to be exercised by the obstetrician examining such patients. Several interesting cases are reported from his great experience, in which he himself and others have had but narrow escapes from grave errors in diagnosis through the untruthful histories given by patients. In closing, he recommends the greatest care to be exercised, particularly in regard to the matter of asking questions as to the absence of menstruation. A question should be put in as casual a manner as possible as to when the last period took place; if within a month, exercise the utmost caution to prove that the case cannot be one of pregnancy. The great probability is that it is not one; but the patient may be untruthful, and regularly recurring menstruation is not incompatible with pregnancy. If the answer given is to the effect that the last period was some months previous to the date of examination, and if the abdominal tumor is of a size which would be that of a pregnant uterus of corresponding date, the chances are infinitely in favor of pregnancy. It should also be ascertained whether menstruation was regular previous to its cessation, and if the ceasing was an abrupt one. If the latter, and the previous menstruations have been regular, the certainty of the diagnosis of pregnancy is complete. If the previous menstruations have been irregular and the cessation not sudden, the history altogether fails, and may be entirely neglected. It should be borne in mind that the adolescent anæmia of young girls suspends their menstrual flow almost invariably, but it does not necessarily interfere with their productive capacity.

The diagnosis of pregnancy is a perplexing question not only in the illegitimately pregnant woman. Even in cases where the patient gives an honest history as far as it is in her power, it is sometimes impossible to tell before the movement of the child is felt. The most careful physicians slip up once in a while on this point, sometimes in what appear to be positive cases.

Unless all the signs of pregnancy are present the less a physician says previous to the 4½ months, the better for his reputation in this line.—*Provincial Medical Journal.*

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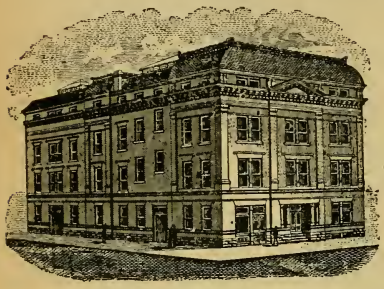

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American Academy of Medicine.

XIXth Annual Meeting—Preliminary Notice.

The XIXth Annual Meeting of the American Academy of Medicine will be held at the "Waumbek," Jefferson, N. H., on Wednesday and Thursday, August 29th and 30th, 1894. The greater part of the time is to be devoted to the discussion of certain problems relating to the Medico-social Relations of the Medical Profession to the "Dependent Classes." The following papers may be expected:

"The Retrogressives: What Produces Them; Classification." Bayard Holmes, Chicago, Ill.

"The Provident Dispensary in England." H. Webster Jones, London, England.

Title to be announced. J. A. Spalding, Portland, Me.

"Assistance and Care for the Blind." Charles A. Oliver, Philadelphia.

"Prevention of Blindness." Benjamin Lee, Philadelphia.

"Present Status of Legislation for the Prevention of Blindness from Infantile Ophthalmia." Lucien Howe, Buffalo.

"Senile Dementia and Testimentary Capacity." J. N. Whittaker, Cincinnati.

Title to be announced. Gershom H. Hill, Independence, Ia.

"What Agencies Conspire to Check Development in the Minds of Children?" J. Madison Taylor, Philadelphia.

"The Medical Service of the U. S. Pension Bureau." P. S. Conner, Cincinnati.

"Physical Training for Delinquents." Helen C. Putnam, Providence, R. I.

"Government Commission instead of State License." J. D. Kelly, New Haven, Conn.

"The Relation of Food Adulterations to the Dependent Classes." Henry Leffmann, Philadelphia.

Title to be announced. G. M. Gould, Philadelphia, President's Address.

Title to be announced. F. H. Gerrish, Portland, Me.

Several additional papers have been provisionally promised, if they can be read they will appear in the completed program.

Arrangements have been made for a special excursion from New York and Boston and return at reduced rates. A choice is offered

of an eleven days excursion, including most of the expenses, or of returning immediately at the close of the meeting, and is open to any one desirous of attending the meeting, whether members of the Academy or not. Any additional information about the meeting or the excursion may be obtained from

CHARLES McINTIRE, Secretary, Easton, Pa.

Some Changes in College Affairs During the Past Forty Years.

Doctors are interested now more than ever in the college training of the young. If the medical profession is to retain what of good it has in matters of liberal education, and obtain that which is possible for its future membership, it must look mainly to the colleges.

A study of the records of Harvard, Yale, and Princeton shows that in 1855 the necessary expenses at Harvard were $249, at Yale $200, and at Princeton $180. In 1867 the expenses at Harvard were from $297 to $480, and at Yale $312 to $472. In 1874 the expenses at Harvard were $400 to $650, at Yale $375 to $650, and at Princeton $306 to $551. Since 1875 there has been a steady increase in the cost of education, so that in any one of the so-called first-class institutions no student can be comfortable with less than from $800 to $1,000 per annum aside from traveling expenses, clothes, etc. It is true, however, that by scholarships, by affording opportunities for remunerative work, by free tuition at all of these institutions, a bright and energetic worker can work his way along with little or no means. It is not every boy that has the peculiar make-up that renders this possible.

Another change is the reduction of the student year at college from forty weeks to thirty-six, leaving nearly four months for vacations. Farther, owing to the losses of time in beginning, legal holidays, and special athletic occasions, the term of solid work has been reduced to thirty-four weeks. Again, the recitation hour, which was sixty minutes, has been reduced to fifty.

It will be seen from these facts that it costs from twice to four times as much to get a college training as it did forty years ago. The college gives only nine-tenths the service now that it did then in the teaching of its students.

Forty years ago the athletics of the students were limited to

sawing wood and carrying it up stairs, to walking, to laborious study of rocks, plants, minerals, animals, etc., in their natural habits. It is questionable whether the modern substitutes are of superior sort.

In the relation of the medical profession to this state of things it is practicable for it to insist upon an increase in the weeks of study. It will be seen that it is quite practicable to allow four weeks' vacation during the year and still save one year in the four. In short, the work of the four college years could be completed during three years, with no greater exertion than at present. The expenses for this would be mainly the increased length of time for board, and additional teachers, although it does not appear why a teacher should not work as constantly as a doctor. Now if the same thing were applied to the medical college, we would be able to secure the same training as now calls for eight years, in six years. This period could be spared by a far larger number than can spare eight years, and so a larger number of liberally educated men in the profession would be the result.—*American Lancet.*

Abstract from the "Rassegna Medica" (Bologna), No. 9. June 15th, 1894.

"*I Premiati all Esposizione Medica di Roma.*"

Our Journal has ever been a warm admirer and partisan of the chemical products of the well known firm of Schering, at Berlin.

It affords me great pleasure to state that I have been among the first in Italy to examine Phenocoll Hydrochloride in regard to its therapeutic properties in a most careful and conscientious manner. The excellent results obtained therewith have been published in the columns of the "Gazetta degli Ospitali" and the "Rassegna Medica."

This highly-esteemed firm—one of the most prominent chemical factories in Germany—from whose laboratories emanated among others the Levulose (Diabetin), Piperazine and Chloralamid, has been awarded a Gold Medal at the International Medical Congress in Rome, and we take occasion to express to this firm through the columns of this journal, our sincerest congratulations to this well merited distinction.—*Dott. Vittorio Dall 'Olio.*

Notice.

Physicians who employ Iron in their practice should be greatly interested in a new Iron preparation recently introduced to the medical profession by Frederick Stearns & Co., Detroit, Mich., called Hæmoferrum (Blood Iron.) This is a natural proteid compound aseptically prepared from fresh bullock's blood, and put up in 3 grain Pilloids (flat pills,) with a highly soluable coating. F. Stearns & Co., claim their Hæmoferrum to be free from all the objectionable features hitherto attending the administration of Iron in other forms, it being extremely soluable, pleasant to the taste, agreeable in odor, is readily and easily assimilated, and neutral in reaction. Furthermore it is non-constipating (a valuable characteristic,) non-irritating and non-poisonous, even in large doses.

Wherever introduced it has been warmly received by the medical profession, and has the cordial endorsement of the most prominent physicians in Detroit, in which city it has been thoroughly tested clinically. Dr. Hal C. Wyman, Professor of Surgery in the Michigan College of Medicine, states: "The Pilloids of Hæmoferrum (Starnes') have in my hands proven a splendid tonic. In wards of the Detroit Emergency Hospital we have learned to depend upon them in the preparatory treatment of patients who must undergo severe surgical operations, and they have proven useful in the establishment of convalescence."

Hæmoferrum is especially valuable in treating cases of Anæmia and Chlorosis where the blood is deficient in Iron. Messrs. Stearns & Co., will take pleasure in mailing samples of the preparation, with full descriptive literature, to all physicians who are interested, and on receipt of ten cents will forward a full sized package containing 100 pilloids, a quantity sufficient for a thorough clinical test. Write them.

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I have given Sanmetto a thorough trial in chronic cystitis with prostatic enlargement, and find it superior to all other remedies. It not only relaxes the spasmodic condition, but has a soothing effect on the mucous membranes of urethra and bladder. All my patients speak more favorably of Sanmetto than any other remedy they have ever used.

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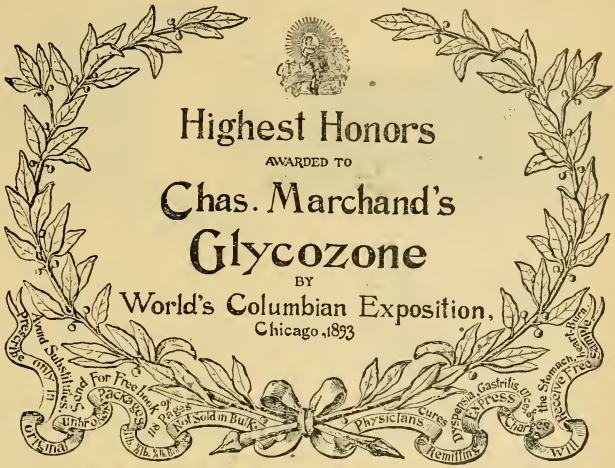

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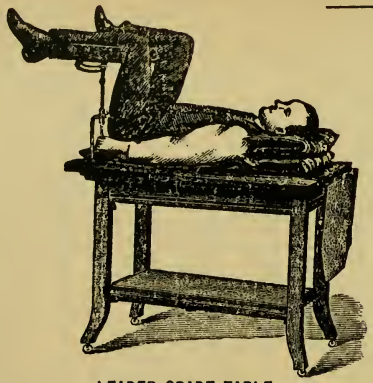

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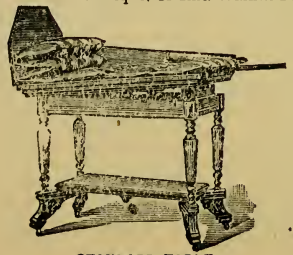

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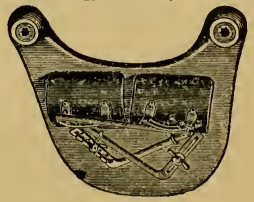

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State and Municipal Regulation of Prostitution.

This is a confessedly difficult matter to manage. The sexual apparatus of men and women have always led them into disease, suffering, and early death. Lack of control here has been fatal to even the existence of nations. In the New York Medical Journal A. M. Powell, President of the New York Committee for the Prevention of State Regulation of Vice, presents some interesting facts. Thus, there are in New York City forty thousand female prostitutes and one hundred and sixty thousand male prostitutes. These forty thousand female prostitutes receive from their male patrons at least forty millions of dollars annually; to this must be added for wines and liquors twenty-five millions annually, making a total of sixty-five millions of dollars a year, to say nothing of the expense of the traffic of dependent women and girls to supply the demands of the unrestrained sexual appetites of men in New York City.

The government regulation of prostitution is based upon the assumption that this vice is a necessity for men, and a certain class of women must be set apart for their lust. The root of this regulation system is a dual standard of morals, one for men and another for women.

Mr. Powell directs attention to the experiment of municipal regulation made in St. Louis, Mo., the evidence showing it to have been a colossal mistake. After a brief review of the system as found in Europe, he directs attention to what he regards as within the sphere of the State.

The State can do nothing without being supported by public opinion. It ought not to recognize the right of prostitution to exist, but rather restrain with a tendency towards total abolition. It should be equally fair and just to men and women. Rightly it interdicts the brothel as a gambling-den; prescribes punishment for the keepers of houses of public debauchery, and for the owners of said houses. It ought to punish the incitement of minors to debauchery; kidnapping; hiring or corrupting of minors for purposes of debauchery. Its penalties should include imprisonment as well as fines. Especially should the owners of brothels or of the property rented for their use be punished by imprisonment.

Physicians can do much by spreading the doctrine taught by

physiology, that continence harms none, and incontinence is a most prolific source of disease. To the young especially, in their relations, they can do much to guide their lives in the right way, and to encourage their parents and guardians to aid in teaching the importance and value of a normal sexual life.

In so far as prostitution can be checked by inducing men and women to lead correct sexual lives, so will be checked a prolific source of disease and premature death, and derangment of social, political and business interests. None can do so effective service in this direction as physicians.—*American Lancet.*

"Trikresol for Inhalation."

To the Editors of the "Lancet."

SIRS:—"The interesting observations of Professor Charteris on Trikresol, communicated through The Lancet, must have attracted the attention of many of its readers; and the important fact that trikresol is free from the poisonous qualities of carbolic acid must have suggested its great superiority in medical and surgical practice. Through the kindness of Professor Charteris I have been favored by Messrs. Zimmerman with a specimen of Schering's Trikresol in order to ascertain whether it could be used for inhalation, as the poisonous qualities of carbolic acid have for that purpose made it somewhat objectionable. My object was to determine whether trikresol when mixed with water in definite proportion would, like carbolic acid, when treated similarly, yield a vapor, on boiling, of definite and constant strength, a peculiarity which attaches, as I pointed out some years ago, to carbolic acid, and which makes it superior to all other antiseptics for inhalation. I find that trikresol follows the same law, as might have been expected, as carbolic acid, and that a mixture of one drachm of trikresol to one pint of water gives off, when boiled continuously, a vapour of the same strength as the mixture. This is rather strong for children, and a weaker solution may be used. To what important uses this property of trikresol can be applied in the treatment of many maladies by inhalation, I hardly need point out.

I am, Sirs, yours truly,

West Kensington, May 31, 1894." ROBERT LOE.

All the milk of human kindness is not found in the *pale* of the church.

Sir Andrew Clark's Fees.

In an article in the Strand Magazine, Mr. Pitcairn tell us that, as regards fees, the late Sir Andrew Clark "always took what was offered." Sometimes he would received £500 for a long journey, sometimes two guineas. After a hard day's work, he was once urgently summoned to a place 120 miles from London. It was a very wet night. There was no carriage to meet him; no fly to be had. After walking a mile or two he arrived at a small farm, and found the daughter suffering from an attack of hysteria. Sir Andrew did what he could, and evidently gave satisfaction, for when he left, the mother said, "Well, Sir Andrew, you have been so kind you must make it double," and handed him two guineas. He thanked them, and said "good-bye." On one occasion, when going to see a patient in the South, the doctor who was to meet him in consultation met Sir Andrew at the station and told him they were rich, and quite prepared to pay a very high fee. But Sir Andrew replied, "I did not come from London," and, naming the place where he was staying, said, "my fees are only a third of the sum you name." Sir Andrew, it is said, was not indifferent to fees; on the contrary, he rather took a pride in telling how much he earned. He is said to have once received £5,000 for going to Cannes—the largest medical fee known. Some, however, wondered who did pay him—so numerous were his non-paying patients.—*New York Medical Journal.*

St. Paul, Minn., May 31, 1894.

Columbia Chemical Co.:

Gentlemen :—* * * * I experimented about a month with the Thyroidine which you sent me some months since; it was in a case of depraved nutrition in which the usual constructives had failed to prove of benefit.

A careful record of the case has been kept, in which is noted its influence upon the pulse, the temperature and the respiration.

This chart which I will send you, or rather which I shall forward to Dr. Hammond, I think will prove of much interest. Suffice it to say, that the improvement in the nutritive condition of the patient was very marked, and I discharged her cured.

Dr. C. E. Riggs.

Therapeutic Notes—Liquor Sedans.

This I find to be a utero-ovarian sedative and anodyne of exceptional value, as in my hands it has produced the most brilliant and flattering results, far exceeding my most sanguine expectations.

Mrs. W., æt. 44 years, and approaching the menopause; very anæmic, thin, and of a nervous temperament; much anorexia at times; habitually constipated; complains often of headache and palpitation, with frequent but scanty micturition; menstruation very irregular, returning every three to five weeks, and lasting from two to four days; flow small in amount and nearly colorless; attended with violent pains in the lnmbar region, groins, with general tenderness over the hypogastric region; no organic lesion of the heart, simply functional as a result of other lesions.

Upon examination, I detected retroversion of the uterus of the second degree, and a profuse leucorrhœa. Had previously almost exhausted the materia medica in seeking a remedy for her relief; had given Hayden's viburnum comp., aletris cordial, fluid extract viburnum prunifolium, cannabis Indicæ, etc. As a *dernier ressort*, I ordered Liquor Sedans, one drachm four times a day, to be continued during menstrual period; Fowler's solution with bromides; and an injection for the leucorrhœa; also placed a Thomas' retroversion pessary. Saw her four days later; met me with a smile and remarked the "new medicine" was going to "cure" her. Her improvement has been steady and rapid; appetite good; menstrual epoch unattended with pain; discharge higher colored and more profuse, lasting from five to six days, and more regular than before for years. Leucorrhœal discharge disappeared; does not suffer with palpitation or headaches. Such is my happy success with that grand therapeutic agent, Liquor Sedans.—*Medical Age.*

The St. Louis Clinique has passed into the hands of Dr. Emory Lanphear, Professor of Surgery in the College of Physicians and Surgeons. Dr. Lanphear will conduct the journal in the interests of that school, and of the medical profession of the West.

Pat had a sore leg and went to the doctor. After examining him the doctor said: "Your blood is bad; I must give you some pills."

"Pfwat good will that do, docthur?" asked Pat, "pfwin the sore is below the ind of me bowel."

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LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

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LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,
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suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE AND LAMBERT'S LITHIATED HYDRANGEA.

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DOSE—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age. Prepared at the Chemical Laboratory of

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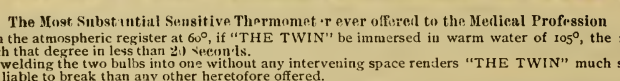

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JOHN BARRY, Patentee and Maker 62 Fulton Street, NEW YORK.

Please Mention Charlotte Medical Journal.

American Public Health Association.

SECRETARY'S OFFICE, CONCORD, N. H., June 30, 1894.

The twenty-second annual meeting of the American Public Health Association will be held at Montreal, Canada, Sept. 25–28, 1894. The regular sessions will be in Association Hall, Y. M. C. A. Building, Dominion Square, opposite the Hotel Windsor. The following topics have been selected for consideration at this meeting:

I. The Pollution of Water-Supplies.
II. The Disposal of Garbage and Refuse.
III. Animal Diseases and Animal Food.
IV. The Nomenclature of Diseases and Forms of Statistics.
V. Protective Inoculation in Infectious Diseases.
VI. National Health Legislation.
VII. The Cause and Prevention of Diphtheria.
VIII. Causes and Prevention ol Infant Mortality.
IX. The restriction and Prevention of Tuberculosis.
X. Car Sanitation.
XI. The Prevention of the Spread of Yellow-Fever.

Upon all of the above subjects special committees have been appointed; therefore all papers upon these topics should be presented to the appropriate committe in season to be incorporated as a part of the report of the committee, if deemed advisable.

The Executive Committee announces the following additional subjects upon which papers are invited:

XII. On the Education of the Young in the Principles of Hygiene.
XIII. Private destruction of Household Garbage and Refuse.
XIV. Disinfection of Dwellings after Infectious Diseases.
XV. Inspection of School Children with reference to Eyesight.

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Papers will be received on miscellaneous sanitary and hygienic subjects, but preference will be given to the topics announced above.

All persons who purpose to present papers at the next meeting of the Association, will be governed by the following By-Laws of the Executive Committee :

"4. All papers presented to the Association must be either printed, type-written, or in plain handwriting, and be in the hands of the Secretary at least twenty days prior to the annual meeting, to insure their critical examination as to their fulfilling the requirements of the Association.

"5. If any paper is too late for critical examination, said paper may be so far passed upon by the Executive Committee as to allow its reading, but such paper shall be subject to publication or non-publication as the Executive Committee deem expedient.

"6. All papers accepted by the Association, whether read in full, by abstract, by title, or filed, shall be delivered to the Secretary as

soon as thus disposed of, as the exclusive property of the Association. Any paper presented to this Association and accepted by it shall be refused publication in the transactions of the Association if it be published, in whole or in part, by permission or assent of its author in any manner, prior to the publication of the volume of transactions, unless written consent is obtained from the Publication Committee.

"7. Day papers shall be limited to twenty minutes, and evening papers to thirty minutes, each."

Invitations extended to individuals to prepare papers for the Association do not imply their acceptance by the committee, merit alone determining that question.

The Local Committee of Arrangements has already commenced work to insure a large and profitable meeting. All communications relating to local matters should be addressed to Dr. Elzear Pelletier, Secretary Local Committee of Arrangements, No. 76 St. Gabriel street, Montreal, Canada. Circulars will be issued in ample time, giving information relating to transportation and hotel rates, etc.

Blank applications for membership may be had by addressing

IRVING A. WATSON, Secretary.

Hemorrhoids.

Dr. Charles B. Kelsey, whose standing in rectal diseases is second to none, summarizes his idea of the relative value of different methods of treating hemorrhoids in his large experience in private and hospital practice in a few words.

If, he says, you wish to radically cure your patients with the least possible pain, loss of time, confinement to the house and risk of accident—use the clamp and cautery. If you wish to accomplish the same result, with no more risk, but with more pain, more local and general disturbance and longer confinement—use the ligature. If you wish to take an hour to do what can as well be done in a minute and gain nothing by it in results—use Whitehead's operation. If you wish a palliative treatment which is not a radical cure, except when sloughing is produced, which is often attended by accidents which will cause great annoyance to yourself, and the frequent disaster of your patients, and which is not free from grave risks—use carbolic acid injection. Dr. Kelsey's experience fully corresponds with all who have had much to do with these cases.—*N. Y. Medical Journal.*

Pies Like Our Mothers Used to Make.

Where is the man whose heart has grown so cold, so worldly, and forgetful as not to give a hearty, wholesome response to the following word picture of Gen. Trumbull in a recent issue of The Open Court. Farther down the shady side of life past the more vivid the memories of "Pies like our mother used to make," awaken in the soul. Memory of her love and tender care rush in upon the heart perfumed with the sweetest incarnation of hallowed love and tenderness. Memories of what mother did are the sweetest, the most sacred, man carries to his grave. Gen. Trumbull wrote, who has lately passed to the mighty throng beyond:

"Whenever I take a ride in the dismal hearse that goes by the name of street car, I am tantalized and tormented by an advertisement that glares upon me from the panels just above the windows proclaiming with reckless audacity that at a certain pie factory in Chicago, they make pies like your mother used to make; the most impossible miracle that ever was attempted by any mortal woman, or mortal man. Make me a pie, O, piemaker, like my mother used to make, and then draw on me for fifty thousand dollars. A quarter section of such a pie as that would roll backward off my shoulders more years than I can tell; it would seat me again at the little wooden table in the old home radiant in the glory that only a mother's presence can give to any home; and as the song says, it would make me a child again just for to-night. It is not in the power of human genius to make a pie like your mother used to make. Take all the cooks in Queen Victoria's kitchen, and give them the finest flour, and the freshest eggs, and the richest butter and milk, and rare fruits ripened in the sunshine, and spices from Arabia, and every delicious ingredient of a royal pie; then bribe them with a coronet apiece and a pension of two thousand pounds a year; and after all, they will not be able to make pies like your mother used to make. The feat is physiologically and psychologically impossible, because nobody but your own mother ever can or ever could give to the elements of a pie that ethereal flavor, and that spiritual potency, which makes it, for you at least, a memory of home forever. Unless all their ingredients are mixed with her love, touched by her own hands, and seasoned with her own spirit, there are no pies like your mother used to make."—*Medical Free Press.*

OVARINE.

(HAMMOND)

The emotions in women are largely influenced by the ovaries, and the ovaries are in turn decidedly influenced by the emotions. Professor Skene states that grief, fear. anger, and even great joy are capable of arresting menstruation.

. . . "In order to maintain harmonious action of the whole organization it is necessary that the ovaries shall exist in full development and functional activity. On the other hand, these organs, which are essential to the well being of the individual, must, when diseased, exercise a potent influence in deranging the brain and nervous system."

Professor William A. Hammond has made the important discovery that the sterilized extract of the ovaries of the common pig contains the animal extract required to specially nourish the human ovaries and restore them to normal activity."

STANBERRY, MO., May 15, 1894.

"A highly intelligent lady, age 26, affected with sterility due, according to my opinion, to defective nutrition of the ovaries, had not manstruated for five months. I put her on Ovarine, five minims, once a day. Menses established free, normal as to quality and quantity, in three weeks. I shall continue the Ovarine until the patient becomes pregnant and shall then make further report." I am, etc., E. HOUSTON, M. D.

The use of OVARINE is of great value in the treatment of those nervous disturbances dependent upon ovarian irritation. It is to be recommended in—

1. Congestion of the ovaries.
2. Chronic inflammation of the ovaries (oophoritis).
3. Imperfect development of the ovaries.
4. Neuralgia of the ovaries.
5. Amenorrhœa, caused by ovarian derangements.
6. Chlorosis.
7. Hysteria.
8. Nervous prostration (Neurasthenia).
9. Sexual frigidity.
10. Sterility.
11. Irritability.
12. Morbid appetite.

It is preferably administered in hypodermic injections of five minims, but a like quantity can be taken dropped upon the tongue.

The use of OVARINE is one of the most important discoveries of these times. and is destined to attract very general and very favorable comment.

Price. per Phial of 2 Drachms, $2.50.

COLUMBIA CHEMICAL COMPANY, Washington, D. C.

Wholesale Agent, JOHN H. FRANCIS, 83 John Street, New York.

THYROIDINE.

(HAMMOND)

THYROIDINE is the extract of the THYROID GLAND of the OX, and is prepared according to Dr. Wm. A. Hammond's formula by maceration of the fresh organs for over a year in an antiseptic mixture of glycerine, solution of boric acid and alcohol.

This preparation possesses all the Physiological and Therapeutical properties of the fresh glands, as ascertained by MacKenzie and others, and is preferable, inasmuch as it does not deteriorate with the lapse of time.

It is of positive therapeutic value in Myxœdema Exophthalmic Goitre and Eczema and probably in other diseases attended with a depraved condition of the system.

The dose is five minims, two or three times a day.

Its action should be carefully watched, as some persons are exceedingly sensitive to its effects, though it is confidently believed from a large experience that the dose advised will never, in adults, produce alarming symptoms, though they are almost always decided in character.

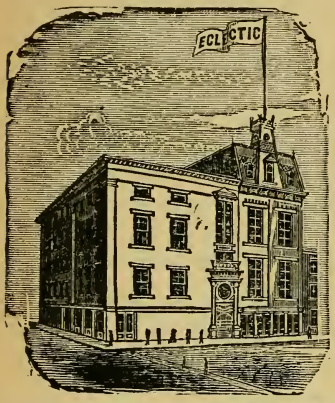
Price, per Phial of 2 Drachms, $2.50.

COLUMBIA CHEMICAL COMPANY, Washington, D. C.

Wholesale Agent, JOHN H. FRANCIS, 83 John Street, New York.

Docthur here's little b'y Moïky. He's a threadful cough. I do be afraid he's goin' into the gallopin kinsumption. Cough Moiky an' let the docthur hear ye.

J. J. CALDWELL, M. D.,
NEUROLOGIST,
BALTIMORE, MD.
1138 N. Fulton Ave.



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A POWERFUL ANTI-FAT, ABSOLUTELY HARMLESS.

Prepared from the active principle of the berries of Phytolacca Decandra.
Indicated in Obesity, Fatty Degeneration of the Heart, Fatty Tumors, Rheumatism and allied complaints.
Prescribed in ten-drop doses, half hour before and one hour after the three daily meals.
Only advertised to the Medical Profession.

PINEOLINE.
FOR SKIN DISEASES.

A delightful and efficacious Ointment prepared from the ethereal extract of the Needle of the Pine (Pinus Pumilio) growing in the Black Forest of Germany.
Valuable in the treatment of all forms of diseases of the Skin; Eczema, Lichens, Pruritus, Scabies, Acne, etc.
Pineoline is applied two or three times daily on linen or in any other desirable way.
A small sample will be sent on application.
Dispensed by Druggists. For Literature, address

WALKER PHARMACAL CO., - - ST. LOUIS, MO.

Proprietary Medicines.

By J. E. Chambers, M. D., St. Louis, (President Codliver Glycerine Co.)

There are occasional outbursts of abuse on proprietary medicines in general, without regard to any in particular, by some member of the profession; the last of which I have noticed was from Dr. W. E. Todd, of Jackson, Miss., in a paper read before the Mississippi State Medical Association, and subsequently published in the Virginia Medical Monthly (May, '94) under the caption of "Proprietary Medicines, A Grave Error," in which the profession is charged with quackery by the sweeping assertion "proprietaries are being poured down a multitude of persons by a horde of quacks who know no more of what they are giving than the poor fools that are being gulled. When reproached for their gross ignorance, their subterfuge is, 'Why, Messrs. Smith, Brown & Co. are as reliable as any firm, and don't you suppose the thing is what they say it is?' Poor, unlettered fools, don't you know Messrs. Smith, Brown & Co, are simply making their proprietaries for the money that is in it?"

I wonder if Dr. Todd is not practicing medicine and prescribing his "officinal" preparations also "for the money there is in it." In a general practice of over fifteen years I have observed that the medical profession are not practicing medicine for their health. The same may be said of the men that gather and prepare, and the druggists that sell the "officinal" drugs. They all do it for "the money there is in it," and, strange to relate, the more "money there is in it" the better they appear to be satisfied. And yet proprietors of medicines are "frauds" because they do business "for the money there is in it."

A man sickens and sends post-haste for a doctor, who, when he arrives, prescribes a proprietary remedy, which, for the sake of illustration, we will say cost the proprietor 3 cents, and which he sold to the druggist for 15 cents. The druggist charges the patient 50 cents and the doctor charges $2 for the visit. The total cost to the patient is $2.50 on an original investment of 3 cents. It saved the man's life (so the doctor said) and is very cheap indeed. He is permitted to support his otherwise widow and orphans. The family saves funeral expenses, besides their support for years, to say nothing of what the insurance company saves. The proprie-

tor's (frauds) profit is 12 cents; the druggist's profit is 35 cents, and the doctor's profit is $2. Verily, verily, we all seem to be in it "for the money there is in it."

In the course of his paper Dr. Todd states that Medical Journals are the most to be blamed, because their existence depends on their advertisers, and that "the publishers know them to be arrant frauds." He also says "it certainly seems that the medical profession and medical journals have become veritable Jonahs, and have been swallowed up by these gigantic frauds."

This is a practical age, and let us (even doctors) become practical men. Doubt is the stepping stone to wisdom, and wisdom is the result of exhaustive investigation and mature thought. Medicines used by the profession are divided into two great classes, officinal and proprietary. Officinal could be better expressed by the word "common," because it is common property. The patient whom you treat has an equal right with all other men to manufacture any officinal drug, and, to find demand for his goods, sells cheaper, to do which he produces an inferior article. The druggist from a business principle buys where he gets the cheapest.

This age of fierce business competition is also the age of inferior production and adulteration. Nothing is so calculated to cause inferior production and adulteration as fierce business competition, We now strike the shoals in which the science of medicine has floundered for years, while the science of surgery has been constantly advancing. The leading medical men for years have been asking themselves the question: Is medicine really a science? Or is it empiricism? They have ceased to say what medicine will do, but simply what it should do. The medicine (officinal) purchased on a prescription may contain impurities and adulterations sufficient to change its action or render it inert.

A doctor reports a successful treatment with officinal drugs, and doctors all over the country try it and fail because they used some other firm's make of drugs; after losing their patients, friends and reputations, they are disposed to curse the doctor who published his experience and doubt the science of medicine. The reasons for different actions of officinal drugs made by different firms may result much from the different facilities, process and machinery employed in production.

Manufacturing is a science. Certain manufacturers attain a

higher skill than others because they carry their process nearer to perfection; among which may be named the I. X. L. cutlery, the Diston saw, the Wade & Butcher razor and many others. The means by which this high-class article is produced is kept a profound secret. The same may be said of all highest-grade chemicals and officinal drugs; when you enter their factory offices the sign on every door leading to chemical rooms is "No Admittance." The secret they wish to guard by this sign may be either their process, their machinery or their improvements, all of which go to make up their superior products. I think I am safe in saying that nine-tenths of the officinal drugs are manufactured behind doors bearing the sign "No Admittance." How different the door of the doctor's office (their defenders), which say "Walk in." I have visited many factories manufacturing officinal preparations, and I have the first yet to see that does not employ the sign "No Admittance." The "No Admittance" sign shows that the process or something pertaining to it is a secret. Manufacturers of officinal preparations put the "No Admittance" sign on their factory doors while proprietors put it on their bottle labels. The former is a "lock-out," the latter is legal.

Officinal articles are commercial articles and subject to all the abuses of adulteration and inferior production, by cheap and unskilled labor; and also subject to all the various forms of manufacture. A proprietary article is all manufactured by one factory and one process, and whatever merit it has proved to have in the hands of others you may reasonably expect yourself. I am not saying that all proprietary medicines are valuable, but merely that uniformity is nearer the rule with them than with the officinal products. Many officinal drugs are "back numbers" and many proprietary articles will go the same way, because many are mere mixtures without chemical union. Proprietary medicines whose base rests on chemical union will stand as long as the science of chemistry stands. Codliver Glycerine is as true a chemical product as glycerine itself; and it may be well to state in this connection that all glycerines are made by secret processes.

The efforts of proprietors of medicines have been to make potent medicines palatable, nauseating medicines pleasant and insoluble medicines soluble, that the patient could take and the system appropriate them. The result has been that sickness has been robbed of half its horrors.

If the man who causes two blades of grass to grow where there formerly had been but one is a human benefactor, what must be said of him who has transformed a nauseating and disgusting medicine into a pleasant and palatable mixture to soothe the sick? He certainly deserves better treatment at the hands of the disciples of Aesculapeus than to be called a fraud.—*Courier of Med.*

The Great Plague in China.

A terrible pestilence is known to be raging in Canton, Pakhoi, Hong Kong, and other large cities in China. The first outbreak was in Canton, where the sewers were abominably filthy from the prolonged drought, causing thousands of swollen and dying rats to crawl up into the streets. The disease is particularly prevalent in Pakhoi, where, every year, the rats are said to give a like notice of its approach. In Canton sixty thousand people died in one week. The symptoms of the epidemic are nearly the same as those of the great plague which almost depopulated London in 1665. There is a sudden onset of fever, the temperature rising to 105° F. or above. In some cases there is a premonitory malaise or a chill which troubles the patient. There is much cerebral disturbance with headache, accompanied by stupor. In from twelve to twenty-four hours glandular swellings appear in the neck, axillæ, or groins, which rapidly reach a diameter of an inch or more, and are hard and exceedingly painful on pressure. Whether the fever decreases or not, the patient sinks deeper into a comatose condition, and usually dies before forty-eight hours elapse. If six days are reached, the patient may recover. The glandular swellings present no signs of suppuration. Petechiæ appear in a few cases, but there is no regular eruption. There may be epistaxis and vomiting of blood. Purging begins early, and the delirium becomes coma in from three to four hours in severe cases, followed by death and rapid decomposition. Eighty per cent. of the victims in Canton died during the first day of the illness. Apparently nothing can change the filthy customs of the poorer Chinese, and they can not be induced to follow the most elementary sanitary practices. The thorough flushing of the drains and sewers and the isolation of infected persons are advised by the hospital authorities.—*N. Y. Medical Monthly.*

IATROL

Chemical Constituents. — INODOROUS and NON-TOXIC Succedanum for Iodoform. A definite chemical product of known therapeutic value. An Oxy-Iodo-Methylo-Analide.

Physical Properties. — An impalpable white powder, anaesthetic, slightly astringent, and of acid taste, unaffected by light or heat; will not decompose under action of metallic oxides, salts of murcury or alkalies.

Therapeutic Properties. — Aseptic, antiseptic, germicide and a powerfu cicatrizant.

Sample sent free of charge to physicians on application.
We also prepare Iatrol Moist Gauze 10 per cent., in yard and five yard jars.

CLINTON PHARMACEUTICAL CO.
Sole Manufacturers, SYRACUSE, N. Y.

The World's Antipyretic, Analgesic and Anodyne

ANTIDOLAR

A Grand Substitute for Morphia.

AN ENTIRELY NEW COAL TAR DERIVATIVE.

EXCELLENT in La Grippe and all kinds of Headache. SAFE and SURE. Relieves Sciatica, Myalgia, Hemicrania, Typhoid Fever, and troubles due to Irregularities of Menstruation. WORKS LIKE A CHARM.

Put up for Physicians in two forms—POWDERED AND 5 Grain TABLETS. Samples of each sent on application.

Trade Supplied by United States and Canada Jobbers.

THE ANTIDOLAR CHEMICAL CO., SPRINGFIELD, ILLINOIS.

A Vitalizing Tonic to the Reproductive System

SANMETTO

—FOR—

GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant romatic Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility, Difficult Micturition—Urethral Inflammation, Ovarian Pains—Irritable Bladder.

Positive Merit as a Rebuilder.

DOSE:—One teaspoonful four times a day.

OD CHEM. CO., New York.

The Allison Operating Chair.

WE MANUFACTURE

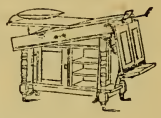
Operating Chairs,
Examining Tables,
Throat Speculae,
Invalid Rolling Chairs,
Parlor Reclining Chairs.

Convenient, Practical and Substantial.

Any position desired can
..be obtained instantly..

The convenience and practical utility is at once apparent. The upper section revolves and is thoroughly aseptic and absolutely proof against dust and dampness.

The "Allison" Examining Table.



The pride and delight of every physician using it.

The numerous positions obtainable and the ease with which it can be adjusted from one position to another commends it once, and it never fails to please.

Write for catalogue, prices and terms.

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Please Mention Charlotte Medical Journal. INDIANAPOLIS, IND.

DO YOU WEAR SOCKS?

CHARLOTTE MEN

Buy 150 dozen pairs of one kind of socks from us every year These socks are made in Germany by the finest stocking maker in the world. They are made of the finest long staple cotton, soft and fine guage, they resemble silk. They have double toes and high spliced heels and are the best fitting, most comfortable and best wearing socks on the market.

The colors are tans, browns, slates and fast blacks.

25 cents a pair, by mail 2 cents extra.

YOU PAY 50 CENTS AND NOT GET AS GOOD.

ROGERS & COMPANY,

Everything in Clothing, Hats and Furnishings,

CHARLOTTE, N. C.

Please Mention Charlotte Medical Journal.

A Legal View of Physicians' Remuneration.

A writer in the New York Law Journal comments on Dr. Wm. A. Hammond's article, What should a Doctor be Paid, published in the June number of the North American Review. After quoting Dr. Hammond's reference to the willingness with which great sums are paid to brigands for ransom and the reluctance with which much smaller fees for conspicuous medical services are paid the writer says:

"We are glad that this illustration was used, for it brings out the essential vice of Dr. Hammond's contention so forcibly that extended counter argument is unnecessary. The discussion has a bearing upon fees for legal services as well, and, as to both professions, the theory above set forth logically involves a system of banditti's ransom, rather than conscientious service to mankind for a fair and just compensation, determined by the comparative seriousness of the service and the standing and experience of the doctor or lawyer rendering it.

"Dr. Hammond draws envious comparisons between fees of physicians and those of lawyers, which latter often are to an extent determined not by intrinsic standards, but by the *rem* involved. This distinction, when it exists, arises from the nature of the *rem* itself. Where rights of property are the only thing concerned in a legal proceeding, it is not improper that the value of the property gained or protected for a client should enter as an element in the problem of determining the proper remuneration. In cases where it is allowable for lawyers to undertake business on contingent fees the justice of a proportionate rate of compensation will be quite generally recognized. Ordinary collection business obviously falls under the same rule, as does also conveyancing, where a principle not unlike that of insurance comes into play. Forms of legal business that are more analogous to medical services are criminal proceedings and matrimonial cases. The contention has been made, and even judiciously sanctioned, that it is legitimate for a jury to gauge the value of legal services in defending a person on a criminal trial according to the latter's wealth, which proposition we deem unsound in principle and inevitably tending to make legal practice a mercenary system of ransom or tribute. The temptation of an advocate to perform unprofessional acts and entirely lose

sight of the proper restraints of an officer of the court, in defending a rich rogue on a criminal charge, would obviously be greatly increased if the counsel realized that success would legally entitle him to a certain proportionate share of the client's fortune, no matter how large it was.

"One passage from Dr. Hammond's paper, however, offers a suggestion toward the true rule for fixing charges for professional services which are purely personal in their nature. He says:

" 'The value of medical services is always great, and it is only the rich who can properly compensate the physician who renders them. When the same services are given to a poor person, it is impossible that they can be adequately rewarded, and hence smaller fees are cheerfully received. It is really not that the rich are charged more, but that the poor are charged less. It would seem right that medical fees should be arranged upon the basis of the patient being worth a certain amount (say $100,000), and that the *honorarium*, if he chooses to use the term, should be adjusted accordingly, being more or less as the wealth of the patient was greater or less than the sum fixed upon.'

"In dealing with rich patients and clients, physicians and surgeons, and lawyers acting in cases not involving specific property, should make out their bills not commensurately with the wealth of their employer, but simply on the basis that he is rich enough to pay whatever is right. The charges should be fixed according to the practitioner's standing and experience and the amount of labor involved, the customary rates of practitioners of equal standing in the same community for similar services being kept in view as a guide and a possible corrective. This general rule would not preclude the acceptance of smaller fees from poor people, but it would debar a practitioner from charging a man worth $1,000,000 more than one worth $100,000 for the same service. We believe it is essentially communistic and subversive of professional conscience and dignity to charge a rich man all that can be screwed out of him, in order to make up for what one thinks he ought to have received on account of professional acts of charity or mercy."

In prescribing the products of Manufacturing Pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the South or West has a better reputation for strict integrity than the Robinson-Pettet Company, Louisville, Ky. We do not hesitate to recommend the preparations advertised by them in this issue.

Did Not Know it Was Loaded.

A correspondent from Chicago writing to the Kansas City Medical Index, maintains the fact that so large a number of physicians in active practice are deficient in two of the most important branches of the art, viz:—chemistry and pharmacy—too deficient to be safe—for the lives of their patients and their own reputations.

He says that recently a second year student of one of Chicago's prominent medical colleges entered a drug store and wanted some "subnitrate of bismuth," at the same time asking the druggist "if it was necessary to have a bottle to put it in as he did not know what it was."

A graduate from the same school prescribes sulphate of morphia in acqueous mixture with liq. potassæ. The druggist filtered out the precipitated alkaloid and the doctor got no effect from his morphia,—a fortunate thing for the patient that it was filtered as he would have gotten it all at one dose.

A professor in the same college ordered the following prescription:

℞ Ammon. Carb. ..... ℥ i
Tr. Digatilis. ..... ℥ iii ss
Strychnia Sulph. ..... gri
Elix. Simp. ad. ..... ℥ iii
M. Sig.—Teaspoonful every four hours, in water.

A very dangerous prescription, as the ammonium salt will precipitate the strychnia and active principle of the digitalis and the patient get an overdose—a bad example to set before his pupils.

Another professor in a prominent Chicago Medical College prescribed a mixture of ammonium carbonate and morphine sulph. in a cough mixture for a baby.

It was not learned whether the child survived or not. The best that the druggist could do was to put a "shake the bottle" label on.

The writer also noticed that several doctors prescribed one twenty-fourth of a grain of mercuric chloride in solution, given (internally) every hour, in a case of diptheria. This was continued several days and nights—the child died!—*Medical and Surgical Reporter.*

The attention of our readers is called to the advertisement of the Robinson-Pettet Company, which appears in this issue.

This house is one of long standing, and enjoys a reputation of the highest character.

The preparations referred to, we commend specially to the notice of Practitioners.

The German Professor on Hypnotism.

"Hybnodism," the German professor said, thoughtfully, "vos a mendal disorder dot vos raging brincipally in der noosebapers. It vos a hypertrophy auf der imachination, undt der writers on mendal pheenomenon vos first attacked. You migd call it a sort auf writer's cramp auf der prain. Der ingrediences peen made auf a fool undt a rascal. Mix thoroughly undt set avay in a cool blace. Bud one authenticated case vos been reborted, undt dot vos told py a notorious liar auf France. As a defense for der lawyers to set up in murder trials it vould peen a pudding, as Schiller saidt; bud its brincipal use so far alreaty has peen confined to sheap novels und skyentific makezines. Five tousand years ago a Greek philosopher hybnodized a rooster chicken mit a straight chalk mark on der floor, undt now, in 18ff3, der skyentific beeples discofer dot you cau hybnodize beeples auf dey ain't got as much prains as dot rooster. Nature got hard feelings toward a vacuum, und auf you got no intelligence auf your own you can absorp dot from somepody else. It was a choyful surbrise to some beeple's heads to get a mind inside auf dem py hybnodism auf dey didn't had some alreaty py natural. It's bedder, young mens, dot you cultivate some prains auf your own, aber you debend on hybnodism aber hybnodermic inchoctions auf mendalidy. In der meandimes I can hybnodize dis class more expeditiously undt skimultaneously mid a glub. It's bedder you enchoy dis pecooliar pheenomenons while she is goin', pecause she will soon go down der stream auf time pehind der plue glass, der roller skate, Koch's lymph, Keeley's gold cure, und pig-headed canes. You can now go deor door outside undt blay ball mit your feet."—*Judge.*

How dear to our heart is
  Cash on subscription,
When the generous subscriber
  Presents it to view;
Put the man who don't pay—
  We refrain from description,
For, Perhaps, gentle reader,
  That man might be you.

—*Confectioners' Journal.*

"Pretty as They Are Useful."

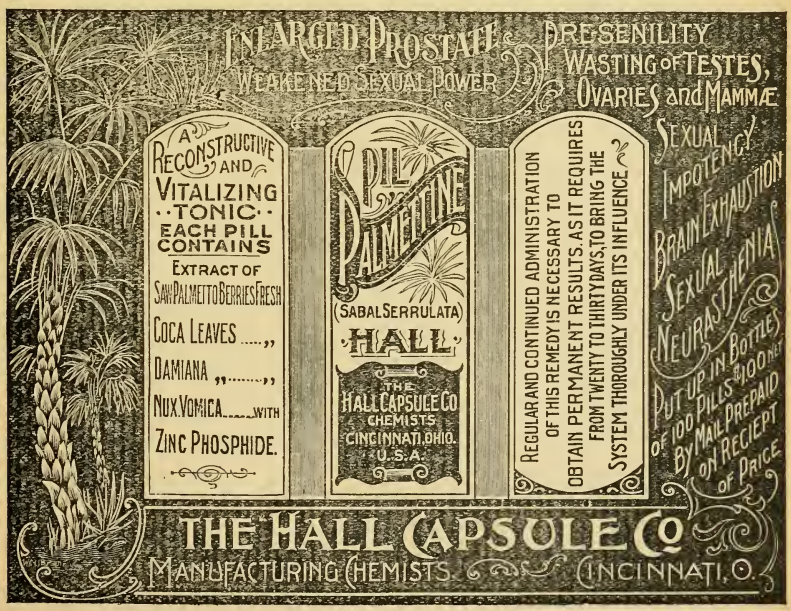
SPRINGER, N. M., December 11th, 1893.

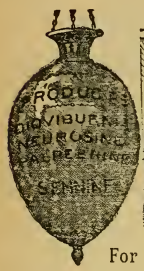
The Hall Capsule Co., Cincinnati, O.:

Gentlemen—I received the 1000 Ruby Capsules sent me by mail sometime since, and am very much pleased with them. They are pretty as they are useful, are excellent in quality, and the most convenient means I have ever seen where two kinds of medicine are given in capsules to be taken in alternation. I enclose postal note, one dollar. Kindly mail me another 1000 of the No. 2.

Yours, etc., L. HINES, M. D.

Specify "THE HALL CAPSULE CO." in ordering.





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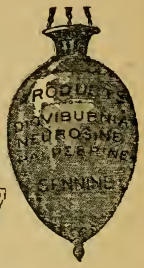
THE NEW AMERICAN ANTISEPTIC



For Internal and External Use in Medicine and Surgery.

COMPOSITION—A Chemically pure product of Boracic Acid and Phenol.

PHYSICAL PROPERTIES—A very fine White Powder, Odorless, Slightly Astringent, and of Sweetish Taste.

MEDICAL PROPERTIES—Antiseptic, Antizimotic, Bactericide, Deodorant, Disinfectant.

COMPARATIVELY INEXPENSIVE—Five parts of SENNINE dissolved in 100 parts of water, (2⅔ make 4 pints) is sufficiently strong for an antiseptic wash.

FREE FROM TOXIC AND IRRITATING EFFECTS, a substitute for Carbolic Acid, Bichloride of Mercury, Iodoform, etc.

Put up in 2 oz. Tin Boxes with inner Perforated cover for convenience of applying. Price ONE DOLLAR. Samples and literature mailed FREE to Physicians on Application, or the 2 oz. Box postpaid on receipt of $1.

DIOS CHEMICAL COMPANY, ST. LOUIS, MO., U. S. A.

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Demonetilation; its effect.
Law on coining for 100 years.
Free coinage of silver.
Total production Gold, Silver.
Sources of government revenue.
Rates of interest, different States
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How the Code Operates.

There are many good, intelligent medical men who claim, and doubtless believe, that a revision or abandonment of the old code of ethics would soon reduce the medical profession to a state of anarchy.

To students of human nature such a belief seems absurd. Laws can not expunge the evil in man's nature; they may tend to repress its *outward* manifestation. But it is an open question whether a hidden danger, a secret enemy is better than a known one.

In this age of enlightenment no physician is so ignorant of the requirements of moral law as to need his principles formulated in a written instrument.

To men who comprehend the meaning of honesty and justice, and the obligations which professional brotherhood entail, the code is useless, an insult to their intelligence; to those whose moral perceptions are blunted, the code is a cloak of hypocrisy, beneath whose friendly shelter quackery flourishes apace.

No code can make a man a gentleman; it may induce him to resort to subterfuge and evasions to gain his end. The most dangerous quacks in the medical profession to-day are men of fine education, who have been careful to keep within the letter of the code, but have daily violated its spirit.

How much better, then, to be strictly honest and say: "I will endeavor to be strictly just to my professional brethren, but I also intend to further my own interests in every legitimate and honorable way."

Success, financial and professional, is the great object of every physician's career, and it can not benefit his moral nature to subscribe to a document which pronounces every straightforward attempt in this direction as immoral, thus compelling him to resort to underhand methods to obtain notice or see himself become a cipher in the profession. Since the adoption of the code, medical men have spent a large portion of the mental power, which were better devoted to the study of medical science, in devising methods to advertise themselves in an apparently ethical manner.

Surely, it is better to accept things as they actually are, rather than to prescribe an ideal course, which, it is generally understood, no one will adhere to.—*Medical Brief.*

Work and Longevity.

An English statistical report enumerates thirty-three persons upwards of one hundred years of age alive in Great Britain in the year 1893. The oldest of these, as usual, was a woman, whose age was one hundred and sixteen. One of the most striking facts in relation to these centenarians is that they lived lives of simplicity and industry. In commenting upon this fact, the London Lancet remarks:

If in any direction it is allowable for competitors in the race of life to dispense with self-control, it would appear that they may to a great extent use this liberty with respect to physical and mental exertion. Nature has made large allowance for the inevitable necessity of labor, and has even practically in some cases sanctioned an overstrain of energy, provided that due care be taken to conserve the vital powers by temperance in other things.

It is not useful work, but worry which kills men. Over-work of the stomach, liver, or kidneys is vastly more damaging to a man than over-work of the brain or muscles, since so long as the stomach is intact, over-worked muscles may be easily repaired; and so long as the liver and kidneys retain their integrity, the consequences of excessive brain work are easily removed by the elimination of the resulting poisons from the body. Millions die from over-work, but it is over-work at the dinner table rather than in the field, the work shop, or the counting room. Hard work is healthful. The majority of men, and women also for that matter, are suffering, not from over-work, but from too light work. More work is required. It may be mental activity or more muscular exercise. Evil results from work, flow not from excessive work, but from the neglect to give each class of organs the due and proper amount of exercise. —*Medical Brief.*

The autopsy on President Carnot revealed that the wound was situated immediately below the false ribs on the right side, three centimetres from the xiphoid cartillage. It measured 20 to 25 mm., and the knife had cut completely through the corresponding costal cartillage. The dagger penetrated the left lobe of the liver, about 5 or 6 milimetres from the suspensory ligament. It passed from left to right, and from above downwards, wounding the portal vein in two places; the tract of the wound in the interior of the liver measured 11 to 12 centimetres.—*Annals de Medicine.*

The officers of the American Medical Association for 1894–5 are: President, Donald Maclean, of Michigan; First Vice-President, Starling Loving, of Ohio; Second Vice-President, William Watson, of Iowa; Third Vice-President, W. B. Rogers, of Tennessee; Fourth Vice-President, E. S. Bascom, of Utah; Treasurer, Dr. Henry P. Newman, of Illinois; Permanent Secretary, Wm. B. Atkinson, of Pennsylvania; Assistant Secretary, G. H. Rohe, of Maryland. Place of next meeting, Baltimore, Md. Chairman of the Committee of Arrangements, Dr. J. J. Chisholm, of Maryland. Board of Trustees—Joseph Eastman of Indiana, J. T. Priestly of Iowa, and D. W. Granam of Illinois, three years; John F. Woodbridge of Ohio, unexpired term; J. W. Graham of Colorado, in place of deceased member. Judicial Council—D. W. Crouse, Iowa; R. C. Moore, Nebraska; T. D. Crothers, Connecticut; G. B. Gillespie, Tennessee; W. T. Bishop, Pennsylvania; C. H. Hughes, Missouri, I. J. Heiberger, District of Columbia, and H. Brown, Kentucky. Address on Medicine, W. E. Quine, Illinois; Address on Surgery, C. A. Wheaton, Minnesota; Address on State Medicine, H. D. Holton, Vermont. The officers of sections are: *Practice of Medicine*—Chairman, E. W. Kellogg, Milwaukee, Wis.; Secretary, W. E. Quine, Chicago, Ills. *Surgery and Anatomy*—Chairman, Joseph Ransohoff, Cincinnati, O.; Secretary, Reginald H. Sayre, New York. *Obstetrics*—Chairman, F. H. Martin, Chicago, Ills.; Secretary, X. O. Werder, Pittsburgh, Pa. *State Medicine*—Chairman, L. H. Montgomery, Chicago, Ills.; Secretary, C. H. Sheppard, Brooklyn, N. Y.; Executive Committee, L. D. Bulkley of New York, L. A. Duhring of Philadelphia, A. H. Ohmann-Dumesnil of St. Louis, Mo. *Dental and Oral Surgery*—Chairman, M. H. Fletcher, Cincinnati, O.; Secretary, E. S. Talbot, Chicago, Ills. *Ophthalmology*—Chairman, Edward Jackson, Philadelphia; Secretary, H. V. Wurdemann, Milwaukee. *Neurology and Medical Jurisprudence*—Chairman, Daniel R. Brower, Chicago, Ills.; Secretary, W. J. Gavigan, San Francisco; Executive Committee, John W. Givens of Idaho, T. D. Crothers of Hartford, Conn., A. E. Regensburger of San Francisco. *Laryngology and Otology*—Chairman, J. F. Fulton, St. Paul, Minn.; Secretary, T. J. Gallaher, Pittsburg, Pa. *Diseases of Children*—Chairman, Edward H. Small, Pittsburg, Pa.; Secretary, Geo. W. McNeil, Pittsburg, Pa. *Materia Medica and Pharmacy*—Chairman, H. M.

Whelpley, St. Louis, Mo.; Secretary, Geo. F. Hanson, San Francisco; Executive Committee, F. Woodbury of Philadelphia, F. E. Stewart of Watkins, N. Y. *Physiology and Dietetics*Chairman, E. H. Woolsey, Oakland, Cal.; Secretary, Chas. C. Chaddock, St. Louis, Mo.—*American Lancet.*

Diet.

Dr. J. F. Griffin, in Med. Summary, says: "One great trouble with children is the ingestion into their stomachs of too much raw milk. Milk should always be thoroughly boiled for the use of children and for that reason condensed milk is always appropriate. I have seen infants of six and eight months of age grow delicate and feeble, brought about probably by injudicious feeding or from a want of a sufficiency of food where medication was not at all needed. These little creatures become objects of pity; they are emaciated, thin, listless and almost lifeless. Sterilized milk and the various dietectic foods fail to be retained upon the stomach and they are in a fair way of succumbing to the remorseless reaper.

In such cases I have directed the nurses to take a small piece of lean beef and by pounding it, reduce it to a thin pastry state and to add to it a small quantity of good brandy or best whisky; which seems apparently to cook it. (At all events to render it palatable.) This in small quantities should be fed to the child several times a day for several days. It is astonishing to see how rapidly the little fellows will recuperate under this feeding and begin to rally and grow fat."—*Medical Brief.*

Modern Progress.

The case is reported of a man who was cured of hernia of long standing by being kicked by a colt. Happy thought. And now why not have every one kicked while young, in order to prevent, by the resultant adhesive inflammation, possible abdominal giving way in the future? This is an age of progressive methods. It is possible, however, that some timid patients might object, from fear of meeting the fate of that bright young man who, according to his epitaph, "died peaceable and respected, by the kick of a colt in his bowels."—*Medical Brief.*

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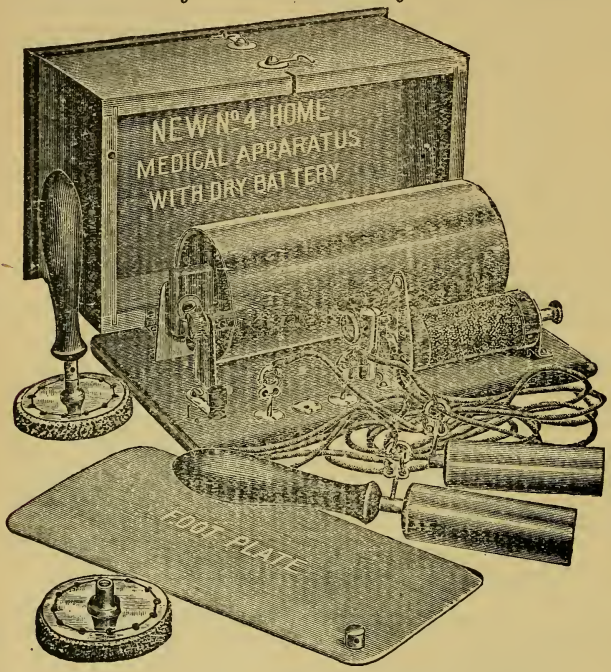

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You doubtless have heard of the late acquisitions
To the ranks of surgeons, likewise of physicians,
That have sprung up, like toadstools, in all large places,
And have furthered their ends by bold shingles and faces.
For very many years, professor and adjunct
Had thought the last one extinct or defunct;
But lately, especially in the last decade,
Dame Nature, in a freak, hundreds has made.
Nay, let not all to Dame Nature be laid,
For, I believe, the majority of the kit are self-made.
For want of a name to suit all these surprisers,
I will call them, for the nonce, self-aggrandizers.
In diagnosis and prognosis, they tell a huge story;
And, strange, all cases, promote their own glory.
Truth, they constantly crush to the earth,
And, sc far as they care, it ne'er has new birth.
They see in the past, e'en to the last hour.
A vanishing of wisdom, dexterity and power;
The grand science of healing, in the folds of pedagogy,
And, alas, each devotee a demented old fogy.
As for them—these self-aggrandizers—
They're up with the times—are error's capsizers.
With them all the past is a page of myths;
And they know all valuable points and piths.
What they are not familiar with is not worth the knowing;
And the seed they possess not, is not worth the sowing.
The erudite Dunglison, Meigs or Wood,
Jabbered about things they never understood;
And Clark, Thomas, Sands and Parker
Only made things look darker and darker.
But now comes Pasteur, Sequard and Koch,
With new, simple theories for wide-awake folk.
Say these home-made doctors, 'tis a self-evident theory,
That all diseases are caused by bacteria,
Or else, to please the most punctilious,
Some varieties of ailings are due to the bacillus.
To say that the vital part of a human,
That is, the *spirit* of a man or woman,
Or the nervous system has any power
Over ills, in their inception or their cure;
That fear, fatigue and intense emotion
Has *always* been a mistaken notion.
For nothing is clearer than this, to their mind,
That disease is the result of a *bug of some kind.*
What they don't see, they are not believing;
And what they can't see is very deceiving.
There is no such thing as a mind or soul
That soars beyond the brain of its goal.
The *spiritual* part of a man, they demand,
Only exists in the pineal gland;
And all the greatness of a wise instructor
Is but an effect of the corticle structure.

These self-aggrandizers affect to believe
That carbolic acid can all ills relieve,
For no little bug, however tough,
Can live in it, if the solution be potent enough.
There is no use for a man to lose his salacity,
For the essence of guinea-pig has almighty capacity;
Decrepit old age every one may discard,
By using the discovery of Brown-Sequard.
And, to sum it all up, in the field of physic,
They assert that bad odors will surely cure phthisic.
In the field of surgery they are even more bold;
And the half of their greatness can never be told.
They will saw open the skull or perform laparotomy,
As though it were nothing more than phlebotomy.
Any tumor, whether fibrous, fibroid, or fatty,
If it occurs low down must undergo Battey.
What matters it if we do kill a man, or a woman,
Now-and-then, for they are really only human.
And as for rabbits, guinea pigs or dogs,
The world is as full of them as a pond is of frogs;
And all these things should be very willing
To die on the table, such a purpose fulfilling;
For the art of healing, of drugging, of cutting,
Must not, and *shall* not, give heed to rebutting.
'Twere sad, indeed, if women and men
Were not willing to be sacrificed now-and-then,
For the sake of science and its bold upholders—
The brave ones that strike right out from the shoulders.
They'll open the stomach and never call halt,
And are anxious to look into the cranial vault;
And when reproved, they answer with pomposity,
Why, we often do this, from mere curiosity.
In fact, they practice wherever they can,
In such a manner that it shocks a considerate man.
Great goodness! must it be that the life-saving knife
Must become the *destroyer* of human life,
With no other seeming, to honest surmisers,
Than to further the ends of self-aggrandizers?
God forbid, but may the day soon come
When the laws will save life from ambition's tome:
When none may be allowed to use the scalpel,
But persons of honor, who are educated well.
Oh, that prudence might rule all physicians,
That all might be satisfied with *moderate* ambitions.

Marysville, Mo. JOSEPH BARR MORRISON, M. D.

[*Med. Brief.*

A Point to Remember.

During a celiotomy, if the surgeon desires to know which end of the intestine is on the stomach side, it can be decided by touching the peritoneal coat of intestine with a crystal of carbonate of sodium, the effect being to cause contraction in the direction of the stomach. —*Medical Press.*

Strychnine Nitrate in Alcoholism.

Breed (Medical News, April 7th, 1894) draws the following conclusion from his experience with strychnine nitrate in alcoholism:

(1) That we have in this drug a remedy that actually, for a period as yet undetermined, removes the desire for alcoholic stimulation in the chronic inebriate, and *that without the least effort on his part.*

(2) A remedy that removes the distress and gnawing at the epigastrim, so common upon the withdrawal of alcohol.

(3) A remedy that tones up the nervous system, allays insomnia, the flighty and other bad feelings in the head, the mental disturbances, and the tremulous agitation and uncertainty of voluntary motions due to the withdrawal of stimulants.

(4) A remedy that brings back the appetite and general physical vigor of the body.

(5) A remedy that temporarily transforms a wholly demoralized creature into a man.

(6) A remedy that is of great value in acute attacks of alcoholism.

(7) Incidentally, a remedy that is an exceedingly good and safe heart-tonic.

(8) More than all a remedy that exerts a moral influence upon the patient, giving him what he had before wholly lost,—to-wit, hope, enthusiasm, self-confidence, and courage, when before was despondency, abandonment, and despair; a steady, straightforward gaze, and a bright, youthful expression of the eye, which replaces the shamefaced, sneaking, apologetic air of total depravity of the chronic inebriate.

(9) We have in the nitrate of strychnine not a remedy that will oblige a man to abstain from drink if he does not want to do so, and such subjects do not deserve one. From the results obtained by the gold cure, the silver-ash cure, the Keeley cure, etc., we may conclude that we have a remedy that is as efficient as any of these, and much safer; a remedy, moreover, that is not secret, and can be used by men who know the action of drugs and can use them with discretion and safety to the patient.

Specialism in Medicine.

In the admirable valedictory address, delivered by Professor L. A. Duhring, to the graduating classes in Medicine, Dentistry, and Veterinary Medicine, of the University, and which is published in another part of the Magazine, will be found some timely remarks on what constitutes specialism in medicine, and what should be the qualifications of those who elect to become specialists.

No one can deny that the science of medicine is distinctly advanced by specialism, or that the profession and laity are alike benefited by the devotion of the time and energy of a certain number of men to special departments of practice; but it is questionable whether or not there is room in any community for the increasing number of graduates who are anxious to engage in special work. As Dr. Duhring observes, the tendency of the day is towards specialism, and doubtless many are drawn towards it by the promise of material reward, the hope of distinction, or a passing fancy, who lack the natural qualifications necessary for success. The practice which is now becoming common of devoting time and talents exclusively to a specialty immediately after receiving the medical degree or even after a year's hospital experience cannot be too strongly condemned. In the first place, few men know at that early stage of their careers to what special work they are best suited, and, in the second place, the diseases of the various organs are so interdependent that an intimate knowledge of one can be acquired only through a fair general knowledge of all. With few exceptions, those who have attained to great eminence in special work have had a good preparatory training in general medicine.

Specialism narrows the streams of thought, even though it deepens them, and a few years' experience in all-around medical work cannot help but have a broadening influence on the mind, which will be of the greatest service in the event of subsequently devoting one's time to a special branch of medicine.

We heartily endorse the views expressed by Dr. Duhring, and strongly recommend those recent graduates who are about to begin practice to read the address thoughtfully before deciding at once upon a specialty.—*University Medical Magazine.*

A man who repairs sewing machines has a sign which reads thus: "Hospital for disabled sewing machines."

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DOSE—For adults, a dessertspoonful to a tablespoonful three times a day, after meals. In urgent cases where there is much pain, dose may be given every hour or two ALWAYS IN HOT WATER.

Jno. B. Johnson, M. D., Professor of the Principles and Practice of Medicine, St. Louis Medical College.

ST. LOUIS, June 20, 1888.

I cheerfully give my testimony to the virtues of a combination of vegetable remedies prepared by a well known and able pharmacist of this city, and known as DIOVIBURNIA, the component parts of which are well known to all physicians, and therefore have no relation to quack remedies. I have employed this medicine in cases of dysmenorrhœa suppression of the catamenia and in excessive leucorrhœa, and have been much pleased with its use. I do not think its claims (as set forth in the letter accompanying it) to be at all excessive. I recommend its trial, believing it will give satisfaction. Respectfully,

Jno B Johnson

L. Ch. Boisliniere, M. D., Professer of Obstetrics, St. Louis Medical College. ST. LOUIS, June 18, 1888.

I have given DIOVIBURNIA a fair trial and found it useful, as an uterine tonic and antispasmodic, relieving the pains of dysmenorrhœa, and regulator of the uterine functions. I feel authorized to give this recommendation of DIOVIBURNIA, as it is neither a patented nor a secret medicine.

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The Face as a Guide in Diagnosis.

The physiognomy of the sick (S. M. Spalding, M. D., Minneapolis Hom. Magazine) presents innumerable shades of expression. There are certain facial lines and wrinkles which I believe are of positive value in diagnosis, but in the use of these it is important that we discriminate between those natural to the face, and those which are developed by disease. In childhood, however, there are few or none of the acquired lines found in adult life. We may therefore be quite sure of our indications in this class of cases.

The most important of these are as follows: The transverse rugæ, the oculo-frontal rugæ, oculo-zygomatic line, the linea nasalis, the linea labialis, and the linea collateralis nasi.

The first two are situated upon the forehead, the first of which the transverse rugæ, are formed by the action of the occipito-frontalis muscles, and are believed to be indicative of great pain from causes outside the cavities of the body. The next, the oculo-frontal rugæ, are vertical lines extending from the forehead to root of nose; they are formed by the corrugator supercilli muscles; they express distress, anxiety and extreme pain from some internal cause, cranial, thoraic or abdominal. They oftentimes indicate an imperfect crisis and in acute diseases often a fatal termination. I have observed this many times, and whenever I see these peculiar lines I am very solicitous for my case. In excessively severe headaches these two described rugæ may exist simultaneously, and when during the course of an acute disease the two meet abruptly, they denote a developing serious lesion of the brain or some of its coverings, and when I meet a case where this condition exists, I feel justified in advising of the grave nature of the disease and a consequent grave prognosis, a lingering case, if not fatal.

The linea oculo-zygomatica extends from the inner angle of the eye down and outward, crossing the face below the malar bone. This is believed to indicate a cerebral or nervous affection in children, in adult life masturbation or venereal excesses, and is frequently a very valuable aid in this class of cases.

The linea nasalis extends in a semi-curved direction from the upper border of the ala nasi downward to the outer margin of the orbicularis oris muscle; this line we find very marked in advanced cases of marasmus, inanition or such diseases as these simulate;

in adult life, phthisis and atrophy. Where only the upper half, linea nasalis proper is present, it is quite a reliable indication of intestinal disease, typhlitis or entero-colitis; it may be present in severe colic, although not marked, as the attack is remittent and of short duration. When the lower half, or linea buccalis, is alone present, it indicates some disease affecting the stomach. It is quite prominent in chronic dyspeptics, and when the two, as last described, together with the linea oculo-zygomatica appear conjointly, they may be regarded as positive evidence of worms, and if the circumscribed red cheeks, the pallor of face around the mouth inside the linea nasalis, together with the bright, fixed and wild expression of eye are present, no further evidence of the presence of these pests is necessary.

The linea labialis extends from the angle of the mouth downward without marked termination till lost in the lower portion of the face. It is usual in those diseases which affect respiration, and is a more important diagnostic sign in childhood than in adult life; it may be observed in croup, both true and false, in acute laryngitis and capillary bronchitis; in adults most prominently in asthmatic subjects.

The linea collateralis nasi extends in a semi-curved direction from the ala to the chin. It is situated further out, outside the lines just described, and is a reliable guide to diseases of the thoracic and abdominal viscera; in fact it may be considered as positive evidence of a lesion in one of these regions, and when with the above is coupled the painful expression about the mouth, together with the peculiar fold on either side the mouth, we may be almost positively certain that the lesion is abdominal. It is very marked in typhus abdominalis, also phthisis abdominalis.

The above described are the more important and most frequently met by physicians, and to those who have not studied the physiognomy in this manner I would say, carefully note these lines, wrinkles and expressions; they will aid you in the diagnosis of many an obscure case, assist you in a prognosis that oftentimes will seem little less than inspirational to your patients or their friends.

Dr. William Thompson Briggs died at his home in Nashville, June 13, 1894. Dr. Briggs was born at Bowling Green, Ky., December 4, 1828, and received his medical degree from Transylvania University in 1848. He was appointed demonstrator of anatomy

in the medical department of the University of Nashville in 1851. In 1865 he was made professor of surgical anatomy and physiology; in 1866, professoi of obstetrics and diseases of women and children, and in 1868 he was appointed professor of surgery, which latter chair he occupied until his death. He was one of the most distinguished surgeons of the South, and his judgment was appealed to far and wide as a consulting and operating surgeon. He was married in 1850 and his wife preceded him to the grave but a few weeks. He was a member of the American Surgical Association, of the Southern Surgical and Gynecological Association and was elected president of the American Medical Association at the Nashville meeting in 1890, presiding at the Washington meeting in 1891. His son, Dr. Charles S. Briggs, editor of tha Nashville Journal of Medicine and Surgery, has been elected to the chair of surgery, for so many years occupied and but just vacated by his distinguished father.

An Eccentric Russian Physician.

Professor Zakharin, of Moscow, one of the physicians in attendance on the Emperor of Russia, and since the death of Dr. Botkin, the leading consultant in Russia, is renowned for his eccentricities as well as for his skill. On entering a house he requires all the doors to be left wide open, all the clocks stopped, and dogs to be securely fastened away from his presence. He removes his overgarments gradually and never all in one place; his furs in one room, his overshoes in the next, his gloves in a third, and so on. He insists on absolute silence on the part of the patient and the family, and will have no questions answered save by "yes," or "no." His dread of over-influence is almost a mania; and his attention to detail is such that even in the simple cases he investigates the whole family history and social relations before directing treatment. His examination of the patient is sometimes three hours long—even in ordinary conditions. One of his favorite theories is that of an idopathic hypertrophy of the heart, upon which he has based a rule of living: "It is necessary to rest *before* getting tired." Accordingly, he has the habit of sitting down every seven or eight steps. Zakharin is now sixty-five years old, has been Professor of Clinical Medicine at Moscow for thirty-five years, and is reported to be worth over $1,000,000.—*N. Y. Med. Times.*

In Typhoid Fever.

Dr. Joseph D. Rush, reports favorably in Virginia Medical Monthly, two cases of typhoid fever, where results were obtained from the exhibition of Antikamnia and Salol.

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2nd. Male, aet. 13. Temp. 105°, same treatment, same result.

He concludes that salol as an internal antiseptic combined with the antipyretic qualities of antikamnia, promises all that can be desired in the treatment of low and continued fevers with bowel complications.

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Death of a Physician from Drugs and Septicæmia.

A physician, Dr. Frank W. Carmon, thirty-five years of age, recently fell a victim to his inordinate craze for drugs. It is stated that he had long been a sufferer from rheumatism, and in order to relieve the pain used morphia freely, and became addicted to the opium habit. After a time he also took larger quantities of chloral, paralydehyde and other hypnotics, and a few days before he died, he is said to have swallowed about an ounce and a quarter of paralydehyde at a single dose. Yet the next day he had sufficiently recovered from its effects to go out. It was at first supposed that he had died of morphia poisoning, but the coroner's investigation showed that death was in reality due to septicæmia resulting from the excessive use of the hypodermic syringe. Both the arms, from the shoulder to the wrist, were in a state of violent inflammation. Dr. E. R. Squibbs, of Brooklyn, mentions a case reported by Dr. T. Mackenzie, of Douglas, Isle of Man, in which a patient recoverd, after thirty-four hours of sleep, from a dose of three and a half ounces of paralydehyde.—*Boston Medical and Surgical Journal.*

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Mention this journal when you write.

The Sin of Fretting.

There is a sin, said Helen Hunt, which it seems to me is everywhere, and by everyone underestimated, and quite too much overlooked in valuation of character—it is the sin of fretting. It is as common as air, as speech—so common that unless it rises above its usual monitone, we do not even observe it. Watch any ordinary coming together of people, and see how many minutes it will be before somebody frets, that is, makes more or less complaining statement of something or other, which most probably nobody can help. Why say anything about it? It is cold, it is hot, it is wet, it is dry, somebody has broken an appointment, ill-cooked a meal; stupidity or bad faith somewhere has resulted in discomfort.

There are plenty of things to fret about. It is simply astonishing how much annoyance and discomfort may be found in the course of everyday's living, even at the simplest, if one only keeps a sharp eye out on that side of things. Even Holy Writ says, we are born to trouble as sparks fly upward. But even to the sparks flying upward, in the blackest of smoke, there is a blue gray above, and the less time they waste on the road the sooner they will reach it. Fretting is all time wasted on the road.—*Worthington's Illustrated Magazine.*

The Drift of Medical Thought.

A writer in Borderland, speaking of the general drift and progress of medical thought, says "that in the evolution in the art of healing we seem to be on the eve of three great changes. The first is the recognition of the virtue of the greatly reduced but more frequently administered infinitesimal doses; the second is the recognition of the value of the vegetable as compared with the mineral drug; and the third is the recognition of the value of those subtle curative agencies supplied by the animal world, as seen in magnetism, in hypnotism, and in those phenomena which show the influence of mind over matter. The freeing of medicine from its crudities and obtaining the atomic and molecular life of the plant or mineral has developed everywhere new methods of treatment, founded on closer observation of pathological changes resulting from toxicological action and those physiological and chemical changes constantly going on in the human organism. The way is rapidly opening for that more advanced philosophy to which all

these steps have been preparatory, for a more full elucidation of the power of mind over matter, and a control of those conditions of nerve and spirit force upon which health and disease depend. The psychological laboratories now being established by Government and universities should be extended to every medical school, and form an important part of the course of medical study.

The illustrations we gave in our editorial on "Brain Building," in the July issue of the Times, from Prof. Elmer's psychological experiments, only faintly foreshadow what might be accomplished, if fuller knowledge of these matters should be extended to every coming physician. If every insane hospital were equipped with a psychological laboratory in proper hands, facts of the utmost importance in repairing the mental wrecks within and without the walls of the institution would be discovered and put in practice. The first institution which awakens to the absolute necessity of this step and puts it in practice will pioneer a work which will open an illimitable field in a department which, notwithstanding the advances of the past half century, has by no means kept up with the progress of other departments of our profession.—*N. Y. Med. Times.*

An American Doctor.

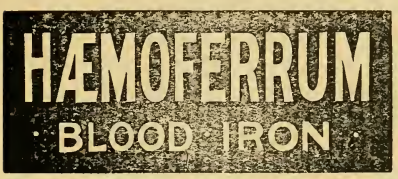
This country is not large enough to offer encouragement or find place for either secret or open alienism.

Unless of Indian stock, we are all of foreign extraction. Under the beneficent principles and possibilities of this, the greatest nation upon earth, a foreign graduate may become a full-fledged American as soon as he reaches here; we all stand equal before the laws and usages of this country.

The physician who will not Americanize in America, has no right to expect the benefits of American medical citizenship. He should be treated with respect as long as he is worthy of it, but, like any other alien, should not be permitted to take part in any general medical matters. He is not loyal to the country, and must be treated accordingly.

To Americanize, he must renounce allegiance to any foreign potentate or power, and this must include a change of loyalty, although not necessarily of friendship, from former medical institutions to those of the new country in which he expects to live.

There are not many graduates of foreign medical colleges who are lacking in that loyalty which a true American feels for his country. In recognition of this fact, a large number of our foreign brethren have been honored with important medical positions in the land of their adoption.—*Medical Sentinel.*



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In 1890, afrer the first edition of the "General Practittoner," Prof. Dr. von Neussbaum, the famous surgeon to whom Dr. Strehz had dedicated the work, expressed his acknowledgments in the following terms (translated):

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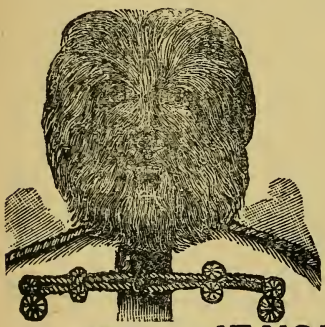

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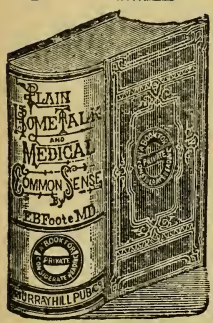

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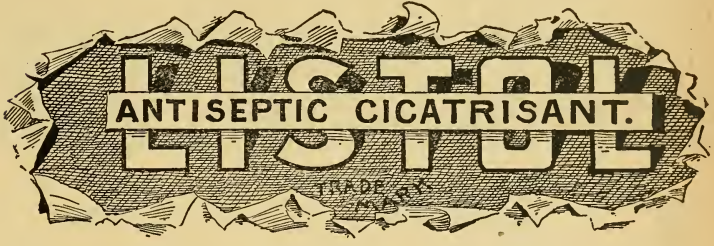

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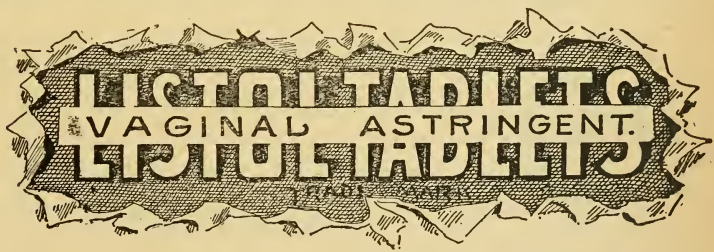

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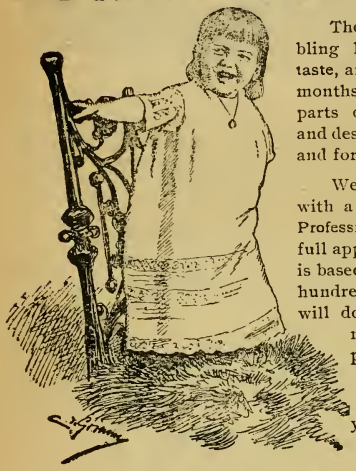

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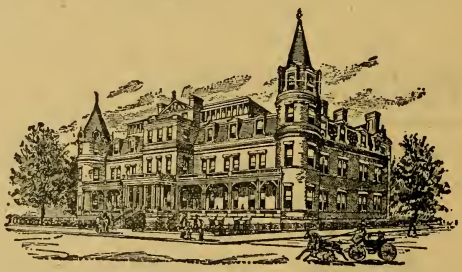

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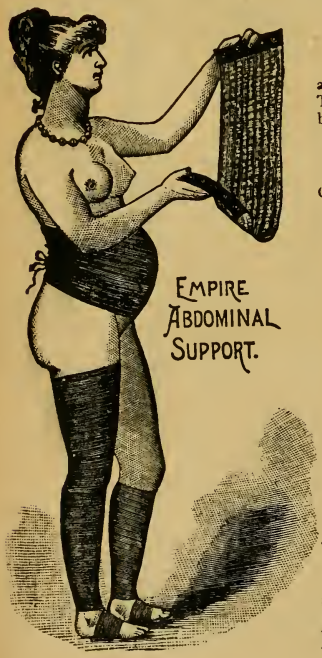

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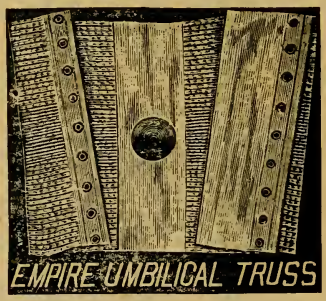

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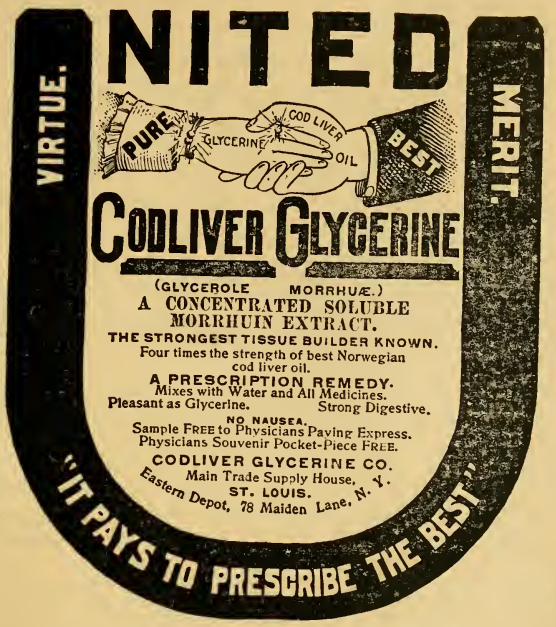

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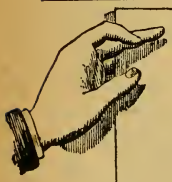

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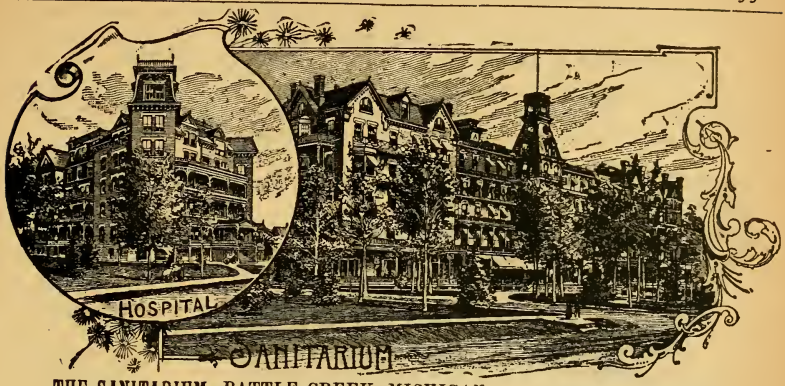

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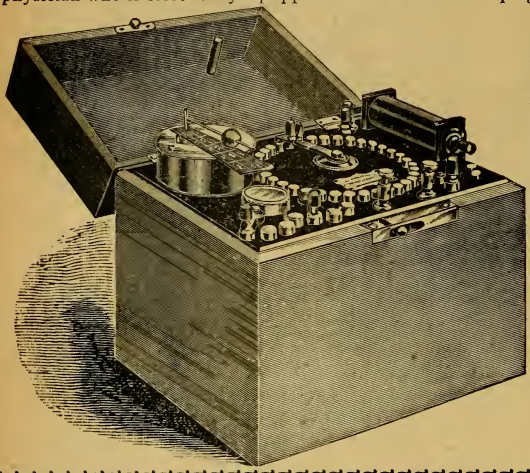

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Charlotte Medical Journal.

Vol. V. CHARLOTTE, N. C., SEPT., 1894. No. 3.

Gonorrhœa.

By William R. Lowman, A. M., M. D., Member State Board Medical Examiners of South Carolina; Member South Carolina Medical Association; Physician and Surgeon County Prison and Almshouse, Orangeburg, S. C.

Written Expressly for this Journal.

Synonyms—Urethritis (specific), Clap, *Running Range* (Southern negro).

Definition—A specific inflammation of the mucous membrane of the genitals, characterized by burning heat, redness, swelling and muco-purulent discharge. *Varieties*—Acute; sub-acute and chronic.

Aetiology—A specific germ, *gonococcus* (Neisser), finding a nidus in the various discharges and secretions of the womb and vagina—filth favoring proliferation. This germ is often found in *leucorrhœal* discharges, and in cases of *latent Gonorrhœa* in females it is often present in the vagina after menstruation, but in such cases is seldom virulent, and produces in the male a discharge usually characterized as *simple urethritis*. This latter inflammation is very easily excited in persons of a gouty, rheumatic or strumous diathesis. The *pathogenetic* action of the *gonococcus* may safely be said to be established by Neisser, Czseri[1], Burchardt[2], Smirnoff[3], and others. A cultivated *gonococcus* produces *Gonorrhœa* in a healthy urethra.

Lee[4] states that a regulation discharge can be excited by the injection of a solution of ammonia. This is very questionable. Truly a discharge *may* be set up in which the *gonococcus* can be found after a time, but that does not necessarily stamp it as specific, but should rather be classed as *simple urethritis*, in which cleanliness alone is essential for a cure. My observations coincide with those of Ricord, that "a woman with a discharge, no matter

1 Deut. Med. Zeitung, '87. 2 Monats. f Prakt.Derm. '87. 3 London Med. Rec. '87.
4 Holmes' System Surgery, Vol. III, Ed. 3d.

what its origin, is liable to give a discharge to a man." *M. Le Gonococqui makes his home in vaginal discharges.*

Incubation—One to seven days.

PATHOLOGY—In *simple urethritis* only the muciparous glands are involved—in the *specific* both the glands and the mucous membrane. In the former the lacuna and mucous ducts present reddened and swollen mouths and edges. In the true variety the mucous membrane is highly inflamed, of a velvety appearance, glandular infiltration, no vessels visible, color dark red. In the female the urethra is always involved, oftentimes the cervical canal and occasionally the vulvo-vaginal glands, the vaginal mucous membrane is red and irritated, hot and covered with a muco-purulent discharge, (Typical case.)

SYMPTOMS—Itching or titillation in the urethra (*fossa navicularis*), lips of urethra red and somewhat everted, slight mucous discharge; sensation of considerable heat or burning on micturition, the *ardor urinæ*—after a few hours there will be a muco-purulent discharge. In acute cases the discharge will be abundant, changing from whitish to yellow, greenish, and sometimes blood-stained pus—the pain, heat and swelling keeping pace. Diminution of the stream of urine is the next step caused by the injection, swelling and infiltration of the mucous membrane—the urine often sprangles and forks from the contraction and tortuosity of the canal, and is only passed after excruciating pain and scalding. As the disease advances the inflammation passes backward toward the prostate, sometimes involving that gland. We also have irritation of the glands, effusion and infiltration of the frenum and prepuce, sympathetic or specific envolvement of the inguinal glands—more or less tenderness found in testicles and perineum, occasionally with constitutional disturbances. Irritation and inflammation of the *corpus spongiosum*, producing a seroplastic effusion, gives rise to *Chordee*. After ten days the acute inflammation gradually subsides, the discharge undergoing a retrograde metamorphosis as regards color and consistency, external marks gradually subside, leaving a thin muco-purulent discharge with a slight *ardor*. If unchecked, this condition lapses into *gleet*, a non-inflammatory (sub-acute) disease, with a thin whitish discharge. The disease in the female shows the same general symptoms, but of a milder type and more easily cured, unless it passes into the cervical canal

and through the uterine cavity into the Fallopian tubes, sets up a severe inflammation and involves the ovaries, in which cases it is claimed by many that the *Gonorrhœa* is never cured—that even though the local inflammation is subdued, the disease will remain in a latent state and at any time may renew the inflammation or communicate infection by leucorrhœal discharge or otherwise. The mucous lining of the bladder is more frequently infected in the female from the shortness and patulosity of the urethra. *Gonorrhœa* seldom presents the gleety form in the female, probably from the ease of cure or from the fact that such discharges would be confounded with *leucorrhœa.* Doubtless *this mistake is often made.*

DIAGNOSIS—The only possible way to diagnose between *specific* and *simple urethritis* (the only thing with which it might be confounded) is by the severity of the inflammation. The *simple* is much milder, with a natural tendency to improve under the slightest *provocation.*

PROGNOSIS—*Simple Urethritis* with cleanliness lasts one week; *specific*, with good treatment, three to six weeks—seldom fatal. *No person ever entirely recovers from the effects of a severe case of gonorrhœa.*

GONORRHŒAL THERAPY—Internally: *Aconite* in drop doses hourly in acute stage recommended by Ringger. *Gelsemium* serviceable in acute stage. *Cannabis Sativa* three drops ter in die after acute symptoms.

Wine of Colchicum (seed) 30 m. nightly is used by Brodie for the cure of gonorrhœa and relief of chordee. *Alkalies*, the citrates and bi-carbonates are useful to alkalinize the urine. *Pulsatilla* in sub-acute form. *Turpentine* in chronic stage (Bartholow.) *Chlor. Iron*, *Tr.*, mxx t. i. d. after acute stage, (Waugh.) *Cantharis*, drop doses may be used.

Locally, Injections: *Bi Carb. Soda*, recommended as an injection. *Quinine*, 2 grains to ounce of water. *Mercury*, ½ grain Bichloride to ℥viij water. *Fld. Hydrastis*, ʒij ad ℥viij aquæ—inject as necessary. *Silver Nitrate*, 1 grain to ounce of water. *Zinc* Salts—Chlor. 1 grain to 8 ounces water; Sulphate 1 grain to ounce. *Lead Acetate*—1 ʒ Goulardi Ext. to oj of water. *Resorcin*, 1 per ct. solution. *Tannin*, *Copper Sulphate*, or any other astringent may be used.

Soluble Bougies of Iodoform, or *Eucalyptus*, with *Cocoa Butter* are much affected by some.

Potassium Permanganate, 2 grains to 8 ounces water is a good recipe and sometimes gives brilliant results, as does also the following recipe: *Zinc Sulpho-Carbolatis*, ʒss; *Fld. Hydrastis*, ʒij; *Glycerine*, ℥ss; *Aq. Rosae Dest.*, ad ℥viij. M. S. Inject t. i d.

TREATMENT—No disease has been "cured" by so many things as gonorrhœa; no other disease has such a wide-spread interest manifested in it as this; possibly because no other disease has been in the possession of so many people. This disease is the father of many quacks and the mother of myriads of nostrums and so-called "specifics" that have reaped "harvests" in their time. Of all the maltreated organs, the penis has been the most fearfully abused. It has swallowed sheets of flame and liquid lightning hurled fresh from the hand of many an Ajax (a jack); it has had Niagaras of oils shot out of its bore floating on the bosoms of many waters. Many times doubtless its cries have gone up—"O, man how long! How long!!" and still the *penal* infliction goes on with unceasing torture. I am not a believer in heroics in the treatment of any disease, much less in case of such a *delicate* and tender organ.

One of the *requisites* in the treatment of all diseases of the penis is *absolute cleanliness*. There is nothing that aids so materially the regular course of treatment as cleanliness. As soon as a cloth is soiled with discharge *burn it*, wash thoroughly all the parts with cold water and tar soap and put on a fresh cloth or shirt facing sprinkled lightly with *Listerine*. I really don't see how some physicians ever cure a case as they never give any directions concerning cleanliness and the consequence is that when the patient has applied the treatment he uses the same old pus-covered rag, and if he was cured he will have been *re-infected* a dozen times. Therefore insist on *absolute cleanliness*.

There is another point that is very well for me to mention, that is the habit of making an *oil refinery* of a man's stomach. Now there is no doubt, and I don't believe anyone will deny that various oils, such as cubeb, capaiba and sandal-wood, have a special affinity for, and will cure an inflammation of, the urinary tract—but I claim that more damage is done to the stomach by their use than good is wrought in the urinary *country*, and that while curing clap

in this way, you are inflicting catarrh of the stomach or a dyspepsia that it will probably take years to remove. There is another line of treatment that is equally, and I believe, more effective without such disagreeable after effects. And if, forsooth, such was not the case, *Gonorrhœa is a local disease* and as such, can be successfully treated without the aid of systemic exhibition of any medicament.

There is an aphorism and this it is: "No one treatment will cure all cases." I always have this in mind when treating *Gonorrhœa.* In all cases, I enjoin *absolute rest* as nearly as possible; *absolute cleanliness* as nearly as possible; *absolute abstinence* of alcoholic or stimulant drinks—no tea or coffee; allow no pies, pastries or condiments. Low diet, water freely, diluent drinks, flax seed tea, Vichy water. Keep the bowels open and trust in the Lord (and the doctor.) Avoid sexual thoughts (day dreams) for they produce night dreams, seminal emissions and chordee! With a line of living like this, I usually *say:*

Gonorrhœa, in any stage, try internally:

℞ Potassii Bromidi ..... ℥ ss.
Sodii Bicarbonatis ..... ℥ j.
Tr. Cannabis Indicae ..... f ℥ ss.
Spts. Aeth. Nitrosi ..... f ℥ iij.
Aquae Camphorae ad ..... f ℥ vj.
Ft. Sol. Sig. ʒ j t. i. d.

And as an injection:

℞ Pinus Canadensis, White ..... f ℥ ij.
Tr. Opii Deod ..... f ℥ jss.
Glycerini ..... f ℥ jss.
Aq. Rosae Dest., ad ..... f ℥ vj.
℥ Sig. Inject every 3 hours.

This is the most certain line of medication I have ever pursued and cures enough cases to be almost called a "specific." Under it I have never had a patient to have *Chordee*—the internal medication seeming to completely settle that tendency. In the female I observe the same hygienic regulations and advise the same internal treatment, and as a vaginal douche—Pinus Canadensis, Dark, ʒij; Alum Po., ʒij; Warm water, oij—three or four times daily. This is usually quite satisfactory in results. In the vagina we can rapidly overcome the inflammation. A bichloride douche may be used occasionally as a *gonococcicide.* The matter of cleanliness is very much more easily attended to in vagina on account of its capacity, and this fact accounts for the facility of cure. The

smaller the urethra in the male, the harder it is to effect a cure. In several instances I have split down the meatus with good results.

ELECTRICITY IN GONORRHŒA[5]—The following cases illustrate experiments made by me in this altogether novel treatment of *Gonorrhœa.* I say novel, for this method has only recently been used, and was first suggested by me. As will be seen, some results have been brilliant. From the cases the following deductions may be drawn:

That in the incipient stage, immediately after experiencing the *ardor urinæ*, or while the discharge is mucous, before it becomes thick, a few cells for a short time will completely abort the disease (cases III., VII. and IX.); that in the inflammatory stage, when the discharge has become creamy, the electricity will aggravate the inflammation (case VIII.); that after it has become chronic (?), 3d and 4th week, the current acts as well as it does in the incipient stage (cases II. and IV.). The theory is that electricity destroys the *gonococci*, acts tonically on the blood vessels, and restores the normal secretive functions of the glands and follicles.

Case II.—L. H., a young country gentleman of means and leisure, a few days after a night outing, made his debut at my office after *cream* had appeared. Put him on the usual course of internal medication with mild injection until three weeks had elapsed, when the strength of the injection was increased. The course of the disease naturally assuaged, but had a tendency to chronicity. Injections were continued, so was the disease. After a time only an inspissated plug of muco-purulent substance could be squeezed out on arising in the morning—but despite local and internal medication this mal-secretion of small muciparous glands and follicles continued. Seven weeks after first appearance, an eight cell (McIntosh) constant current was applied for five minutes with urethral electrode (olive tip No. 24 French scale). Suffice it to say that no further trouble was manifested.

Case III.—A. L. came to me with a history of gonorrhœa of four days' continuance. Discharge, thick mucous. Treatment, five cells for twelve minutes and mild injection for seven days following. Discharge grew less, thinned and disappeared on the sixth day after electrolysis. Dismissed on the seventh.

[5]Author in Medical Summary, '89.

Case IV.—B. E. Chronic case—self treatment for nine weeks with cubebs, "Big G," etc. Inflammatory stage passed. Thick discharge. Ten cells twelve minutes, mild injection eight days. Cured.

Case VII.—J. D., a young man in town at school—a night's "razee," and six days after that date came "into court." Had *ardor urinæ* for two days, no discharge yet, but was expecting it, for others had gotten *it* from the same source. Seven cells for five minutes, and mild injections. No discharge ever appeared beyond a slight muciparous exudate for two days.

Case VIII.—March 4th inaugurated J. E. into a malignant case of urethritis. Discharge when seen purulent. Five cells for seven minutes. Much consecutive inflammation. Discharge increased. Penis swollen the day after. Local application of benzo-iodoformal ointment by means of sound. Blood followed urination. After eight days injection locally of soothing antiseptic solutions through hollow catheter, after two weeks internal administration *santal-midy* and local use of mild injections, the inflammation gradually reduced. Discharge completely checked by end of sixth week. In this case electricity aggravated inflammation.

Case IX.—W. J. Seven cell current in incipiency applied for five minutes, followed by mild injection, cured in a week.

The above observations have been fully verified in a number of suitable cases I have treated by electricity more recently. The possibility of a stricture is entirely precluded if the electrical treatment is properly used.

Complications.—Of all complications the most frequent is *Epididymitis*. The effects are hard to remove and hydrocele is sometimes a sequela. *Pulsatilla*, 3 drops of the fl. ext., every 3 hours is excellent for the inflammation, and Kenyon's Neuralgic Tablets are the best to subdue the pain. *Belladonna*, Tr., ʒj to ℥j water and glycerine is good in some cases—apply on lint. *Tobacco* as a poultice or linseed meal. *Silver nitrate*, 20 gr. to the ounce of water painted freely on scrotum will usually abort an attack. *Goulard's Ext.*, ʒij; *Aq. Ext. Opium*, ℥j; *water*, oj—warm and apply on lint freely and frequently. Another good solution consists of an ounce of *Muriate Ammonia* to a pint of water apply cold on lint. This is excellent where the inflammation is

high. Keep the patient at rest. Make him wear a suspensory when on feet. Keep the bowels free with salines.

CHORDEE—*Aconite*, *Belladonna*, *Camphor*, *Cannabis Sativa*, *Lupulin*, *Morphine*, *Cocaine*, and even Cantharides is recommended. The tincture of the latter is used in drop doses.

℞ Phenacetine ..... ʒj
Pulv. Camph..... gr. xx.
Sacch. Albæ..... q. s.
Ft. Caps No. xii. S. One at bedtime; repeated in two hours, if necessary.

The above formula will be found very satisfactory in *Chordee*. Diet should be very low, no stimulants, diluent drinks.

Bubo—Fomentations and tonics. Treat symptomatically.

Balinitis—Astringents.

Phimosis and *Paraphimosis*—Treatment symptomatic and surgical.

Warts—Salicylic Acid Solution applied locally on soft cloths. (Sal. Acid, gr. xx; Borax q. s; Aquæ ʒj.) *vel Bismuth Subnitrate* dry on affected part.

Herpes Preputialis. *Bismuth* or *Silver Nitrate*, 1% solution expedites recovery.

Gleet can best be cured by the electrical treatment outlined in this article.

Stricture, cured by a stronger current of electricity—negative pole is used in all cases. Constant current.

Gonorrhœal Rheumatism must be treated on general principles. A discussion on this line is not permissible in the limits of this article.

Sanmetto should be prescribed as an after treatment in all cases of *gonorrhœa*. A few bottles will eradicate as far as possible, all damage done to membrane and gland, and restore their normal functions.

Urethroraphy and a Few Other Operations.

By J. DOUGLAS WESTERVELT, Jr., Alice, Texas, Surgeon Mexican National Ry., Captain and Assistant Surgeon 1st Artillery Battalion T. V. G., Austin, Vice-President 1st Alumni Association of Barnes College of Medicine, St. Louis; Visiting Surgeon to Seaside Infirmary, Corpus Christi, etc.

Written Expressly for this Journal.]

Case 1—P. J. B., aet. 25. Came into my office about three weeks ago to consult me about his penis. I found that on the right side about an inch from the corona glandis was a small pin hole sup-

purating tract surrounded by a hard, thick cicatrical (?) tissue, which felt like a small erectile penis. I inserted my probe and followed the course of the tract which went backwards through the corpus cavernosum into the urethra about midway. I also found that the patient was suffering from a small stricture which we succeeded in reducing in a week. After this was done, I had the opening injected for two days with $H_2 O_2$, then concluded to operate. After emptying the bladder, an anæsthetic was given, a hard rubber sound [one of my own design] was introduced into the urethra and given to one of my assistants to hold. The tough tissue was then dissected away in its entirety as far as the urethra. I irritated the opening *into* the urethra with argentum nitratis, and the wound, which presented a cup-like appearance, was closed longitudinally by means of horse hair sutures, which were previously soaked in a 5 per cent. boro-glyceride sol. I drew the patient's urine for a week, but injected sweet oil beforehand so as to keep water from coming in contact with the wound. The recovery was beyond my expectations.

Case 2—Mrs. A. G., a Spainard, æt. 41, weight 225, on Sunday, July 8th, was gored by a mad cow. I was sent for soon afterwards and found the woman lying on the floor in a semi-conscious condition. I gave her a hypodermatic injection of morphia and atropia and on examining her I found that the horn went through the clothing, entered the cavity in the right lumbar region and tore itself out near the umbilicus. A portion of the small intestines were ripped and the abdominal muscles fearfully lacerated. After taking six Lambert sutures in the gut I washed out the belly with warm sterilized water, put in a drainage tube and sewed up the wound, stitching the peritoneum to it. I let tube stay in two days. During the whole time of her sickness of four weeks, she showed no rise of temperature.

Case 3—M. de H., a Spaniard, consulted me some time ago about his condition. I found that prior to his seeing me he had had a chanchroidal bubo in both groins, but at that time he said that he was suffering from a fistula. So upon examination, I found a subcutaneous sloughing tract which ran from a little above Pouparts' ligament on either side, down into the ischio-rectal fossa. All the inguinal glands were not sloughing yet, but quite indurated, so I dissected all out, and with the aid of my

grooved director, made an incision from both groins downwards, inwards and afterwards backwards *into* the ischio-rectal fassa, laying the whole tract wide open and curetting with a sharp spoon. I used antiseptic baths of a 15 Vol. Sol. of $H_2 O_2$ to the wound and dressings of Boric Acid and sterilized gauze. The incision, (which was twenty-one inches in length) healed by cicitrization in about fifteen days. Since that time the patient has been entirely well.

Case 4—Baby S., æt. 2 years, boy, stout and apparently in good health. Had a soft fluctuating tumor on the outer aspect and slightly above the articulation of the left knee. No pain on pressing. Family history on both sides tubercular.

I asperated and drew off a thick, casseous-looking fluid and injected the joint with warm sweet oil and iodoform, as suggested by Prof. French, of St. Louis, and made slight pressure over the parts with a flexible rubber cloth bandage. The constitutional treatment consisted of a morrhual-creosote preparation and a cod liver oil cordial prepared by Hagee. In two months the limb was entirely well and the child fatter than before.

Case 5—T. M., an engineer, consulted me on March 12, about a roaring in his right ear, which had been present for five years. No symptoms of any diagnostic value could be given. Examination revealed a foreign body diagonally across the meatus auditorius externus, which was pressing against the membrani tympani. Injections of sterilized borated water failed to move it, but increased its size, which caused a great amount of pain. So a pair of Palitzer's forceps were applied and the foreign body removed, although with great difficulty, as either end was imbedded in the canal. Inspection showed that it was a well preserved watermelon seed, which patient afterward said had been "shot" into his ear five years previously. Roaring was immediately stopped.

I was assisted in these operations by Dr. E. S. Cox and my students P. A. Presnall, N. H. Browne and Forest Clark.

Psoriasis—A Clinical Lecture.

By William S. Gottheil, M. D., Dermatologist to the Lebanon Hospital, the North-Western, and the German West-Side Dispensaries, New York.

Gentlemen—The patients that I show you to-day are classical examples of a common disease, and are, on that account, perhaps more worthy of our attention than those rarer affections that but

very seldom come to the notice of the general practitioner. And they will serve me as a text in calling your attention to certain new and very eligible forms of treatment that have been developed in the last few years, and which have largely superseded the older methods.

The first patient is an excellent example of a general guttate psoriasis, Psoriasis Universalis, in a female 33 years of age. She has had the malady, to her own recollection, ever since her fifth year, the usual history of these cases; though it does occur *de novo* even in advanced age, and the defective memory and carelessness of our dispensary cases often lead them to claim that the present is their first attack. It has been constantly present, in some degree, ever since the patient can recollect; at times almost disappearing, and then, under influences that we are ignorant of, advancing and spreading over the body until it occupies areas as extensive as that which you see affected at the present time. Her entire body is covered with white, scaly spots, looking very much as if some molten, waxy material had been liberally sprinkled on it with a large brush. Each such spot consists of a heaped-up mass of silvery epidermic scales, which can be readily removed with the finger nail, leaving a reddish, slightly elevated papule behind, at points of which the torn tops of the papillæ of the skin show as minute bleeding points. The scales are lamellæ of fused epidermic cells, and their peculiar silvery appearance is due to presence of air between them.

The entire surface of the body is sprinkled with these guttæ; but in certain localities, and more especially on the flexor surfaces of the joints of the extremities, they are most abundant, and form more or less continuous scaly masses with but little healthy skin between them. So abundant is this scaling that the patient scatters a cloud of minute lamellæ around her as she moves when stripped; and several large handfuls can be gotten from her clothing. The epidermic proliferation is quite rapid in these cases; but it is only on parts not often washed that it occurs to so great an extent as you see. On the face and hands, where soap and water have not been quite so sparingly employed, there are no scales at all; only the low reddish papules mark the existence of the disease. It is important to note this fact, for in some cases, when the disease is not extensive, the patients have removed all the scales

before they come, and the apparent absence of so characteristic a symptom may lead to an error in diagnosis. The scalp is covered with more or less confluent psoriatic patches, but the palms and soles are free.

The second case is a male about the same age, with a very different but just as characteristic disease appearance. Only the knees and elbows are effected. Each of these surfaces, where the skin is naturally thicker and rougher than on other portions of the body, shows a more or less extensive infiltrated patch, with apparently but little scaling; but scraping reveals the characteristic lamellæ. Here also the condition has existed for many years; the scaly infiltrated patches disappear at times, especially during the hot weather; but they also reappear during the winter.

Both patients are evidently in good health; in fact, most psoriatic patients are robust, even when the disease is very extensive. Its cause is absolutely unknown. Heredity certainly plays no part in it. It may be of parasitic origin; but no microbe has been found. The Epidermophyton described by Langer is certainly not the etiological factor.

It is to the treatment of these cases, however, that I would call your especial attention. Internal medication is of the greatest importance, especially in cases so extensive as our first one. Arsenic, so little employed by the dermatologist, is undoubtedly of use here, German opinion to the contrary notwithstanding. But it must be taken regularly, and in large doses, and for a long time. It is therefore given in the pill form. Ichthyol is also beneficial; and we will put both patients on a combination of the two, using a modification of the famous "Asiatic Pills," which is a favorite formulæ of mine:

℞ Ammon. Sulph-Ichthyolat..... ʒ ii.
Acid Arsenicsi..... gr. iii.
Pulv. Pip. Nig..... ℈ iii.
Pulv. Glyc. Rad..... ℈ iii.
ℳ. Ft. pil. No. 90.

One of these is to be taken three times daily, after meals. The amount of arsenic may be gradually increased until a maximum dose of $\frac{1}{20}$th or $\frac{1}{15}$th grain is attained.

Local treatment, however, is of even greater importance than internal medication. It is essential in all cases, and is especially

important when the face and hands are affected with the disease. The deformity must be removed as rapidly as possible.

Our local treatment will differ in the two cases. In the first and general one it should be systematic and thorough, and it may be summarized as follows:

1. Daily general bath of hot water and green soap. The scales must be entirely cleaned off from the surface of the body, to permit the appliance of topical remedies.

2. After leaving the bath, paint each spot with—

℞ Ol. Rusci. or Ol. Cadini..... .... ℥ ii.
Spirit. Vini—
Aetheris, ae..... ℥ iv.
Sirit. Lavendulæ.... ..... gtt. x.

3. Return to the bath, and remain there half an hour.

4. After drying, paint each spot with the following:

℞ Arthrarobin, or Chrysarobin ..... 1 part.
Liquor Gutta Parchæ, or Flexible Collodion.....10 parts.

Arthrarobin is not quite so effective as Chrysarobin; but it is safer. It may be employed over the entire body, whilst Chrysophanic acid must not be used on the face or hands; not only on account of the very dark staining of the skin that it causes, but also on account of the likelihood of its causing the disagreeable and even dangerous "Chrysarobin Conjunctivitis." If we decide to use it, the Ungt. Hydrargyri Ammoniati must be employed on the face and hands.

By this means the inuncting of the whole body with disagreeable ointments, the use of cloths and bandages, and all the nasty pharapharnalia of the regular ointment treatment is avoided; and the clothing, inevitably ruined in the older methods, is in no way harmed. The evaporation of the etherial and alcoholic vehicles of the remedies leaves them in a thin and hard layer on the skin; and their penetration in these solutions is at least as great as when suspended in the ordinary fatty vehicles.

The local treatment of the second case is more simple. We now possess in the Unguenta Extensa, Collemplastra, and the Plaster Mulls, a variety of very eligible preparations which are really ointments spread on plaster and so combined with the basis that they can be used and applied like ordinary rubber plaster. We simply take some of the 10 per cent. Chrysarobin plaster mull, cut a piece to accurately cover the Psoriatic spots, and apply them

They fit accurately to the parts, need no cloths or bandages to hold them in place, do not soil the clothing, and, above all, limit the action of the remedy exactly to the diseased area. We will direct the patient to renew these plasters daily until the patches are cured.

Shall we succeed in curing our cases? Yes, for the time being. Every spot of Psoriasis will disappear from the skin; but others will come back in time to take their places.

25 West 53d Street, New York City.

Hospital Cases from the St. Louis Female Hospital.

By R. M. Kirley, M. D., Superintendent.

Chancroids of Eight Years Standing.

Female Hospital Case—L. O'B., aged 39; nativity, Mississippi; occupation, prostitute; was admitted into Female Hospital in March, 1894.

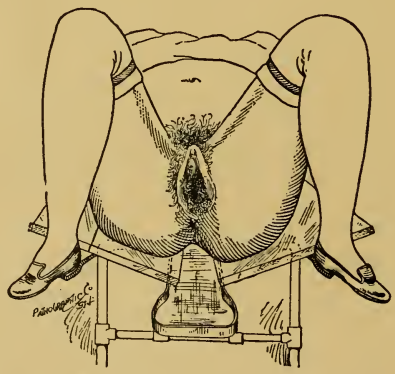

Figure 1.

Family history could not be obtained. She was suffering from severe vaginal inflammation and chancroids on posterior viginal wall from cervix to labia, underlaid with deep scar tissue. She states that she contracted chancroids eight years ago and has had them ever since. She has no history or evidence of syphilis, and the deep scar tissue indicated that the chancroids have maintained their locality.

Chronic Pelvic Peritonitis.

M. M., single; age 23; occupation, servant; was admitted

April 23, 1894. Family history; Father living and in good health; mother died 13 years since, cause unknown.

Individual history: Patient was never sick before. Gave birth to a child two years before. Habits, temperate.

Present illness: Contracted a cold about two months ago, followed by severe cough, pain in abdomen and severe headache. When admittod into hospital she assumed constantly the dorsal position; countenance apathetic and indifferent; skin clean; appetite lost; bowels regular; tongue coated; urine highly colored and causes burning in passage. Had not menstruated for two months. Has constant headache.

Physical examination: Pulse 100; respiration 24; temperature normal. General tenderness over abdomen, lessened by flexion of thighs. No vaginal trouble. Uterus adherent—fixed.

Treatment: Hot poultices over abdomen and dover powders to relieve tenderness and pain, and given the following reconstructive tonic:

℞ Codliver Glycerine .... ℥ viij
Nux Vom. Tr..... .... ʒ ij

M. Sig. Teaspoonful every four or five hours.

Patient was discharged, much improved.

Phagadenic Chancroids.

A. H., aged 25, a seamstress, was admitted to the Hospital April 3rd, 1894. She had, she said, been infected some three weeks before and had used vaseline. Examination revealed ex-

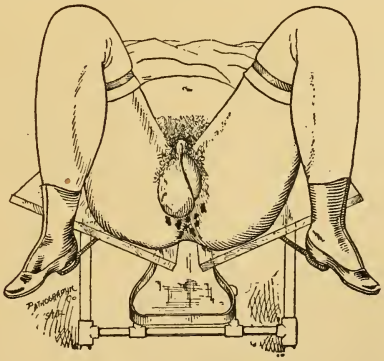

FIGURE 2.

tension-phadenic chancroids as shown in Figuges 2 and 3. The

parts were thoroughly cleaned and dried; pure carbolic acid was

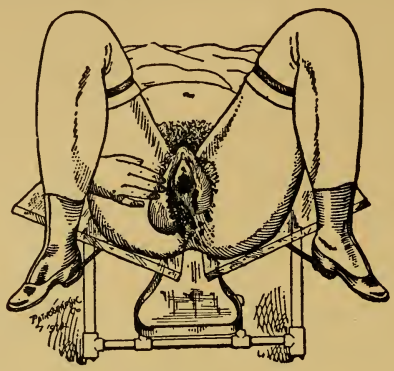

FIGURE 3.

then applied and the sores dusted with iodoform. At the next clinic, two days later, the patient was much improved, the swelling of the labia had subsided to some extent and most of the sores looked healthy. Those which did not were again smeared with pure carbolic acid and dusted with iodoform. Under this treatment the patient steadily improved and was finally discharged fully recovered.

The Treatment of Typhoid Fever.

By ELMER LEE, A. M., M. D., Chicago.

Recognition of the value of cleanliness represents the most practical discovery in treatment during the present generation, and, at the same time it constitutes one of the really great discoveries in the history of Medicine. The application of the principles of cleanliness more nearly meets the requirements of a real advance in curative medicine, than all the other propositions known to the profession for the cure of disease.

The symptoms of Typhoid Fever are too well known by all to need particular mention; the question of burning interest is what to do to be saved. The disease is produced by drinking contaminated water, and its seat of development is situated in the intestinal canal. There is a poison there which, if it could be removed before it had become absorbed in the blood, life, and even health would be spared. Allowed to remain, the poison is drawn into the

circulation, and very soon the whole body feels the depressing effect. Even at this time, if those remaining poisonous juices and germs which are contained in the bowels were either neutralized away by a stream of flowing water, the disease would be checked, the patient spared, and health restored.

Without waiting for development of the symptoms of Typhoid Fever the very first proposition is to make the patient surgically clean, which means the free and abundant use of water internally first, and externally afterwards. The bowels are drenched and cleansed by a copious douche of hot soapy water, made to pass into and out of the lower bowel, until the contents are cleared away and the returning water comes back as clear as before it entered. The relief to the sick person by following such ablution is a delight to the physician and of greatest comfort to the patient. It seems so reasonable, they will say, and in practice it is just as good as they say. Fears were formerly entertained by me, as they are to-day by some of my contemporaries, that something would be bursted by running a large volume of water into the bowels of persons sick with Typhoid Fever. No harm has ever been done, and neither is it likely to be so caused. Several hundred cases have been so deluged by me with large quantities of water, and in no instance has the result failed to be beneficial. The fear of doing harm may be entirely and forever dismissed. That which is not well understood by any one, always seems inconvenient, or troublesome to perform. But a little practice makes easy the methods which a little while before appeared unpleasant, even hard.

The temperature of the water used for cleansing and washing the bowels, should always depend upon the temperature of the body. If there is high fever the water is more agreeable and useful to the patient when it is cool, viz: 75 degrees F.; but if the patient is chilly, or has a low temperature, the water should be at blood heat, nearly 100 degrees F. During the first week of illness, the irrigation of the bowels should take place in the morning and again in the evening of each day. After this, one douche of water should be given each day until convalescence. The co-operation of the patient is readily accorded. The treatment takes hold of his reason, which lends both hope and help to the management of the case.

Bathing the body is performed at regular intervals and by such

a system as may be convenient and suitable to the individual. The bathtub may be used when the patient is strong enough to be assisted to it, where otherwise, sponging with cold water is very refreshing, and useful to maintain strength and lower the heat of the body.

The most effective and most lasting influence is secured by wrapping the patient in a wet sheet. Two blankets are spread on the bed, covered with a sheet wet with cold water. The patient is wrapped in the sheet, and then folded quickly and completely in the blankets. The time during which the sick one may remain in the wet pack is from one-half to one hour, or even longer if he is comfortable. Bathing opens the pores of the skin, and through them the system discharges a part of the hurtful waste of the body. This bathing should be continued, several times daily during the disease and during convalescence.

The internal treatment is uncomplicated, safe and useful. The basis of it is cold water, and always plenty of it to drink. Water cools the body and assists to cleanse it of the poison which makes it sick. The elimination is carried on through the intestinal canal, through the kidneys, through the lungs, and by the skin. Let the sick have water, it can do no harm in any case; water only does good. What cruelty it was in fever cases, to keep water from them, and what suffering it caused. A half tablespoonful of Hydrozone* is added to each glass of water. It is the best and most simple remedy that can be given that is likely to be of benefit in helping to cure Typhoid Fever. Continued for a few days, it is then laid aside for a few days and Glycozone substituted in its place, both as a relief to the patient and for the beneficial effect of the remedy itself. And so on in this way the two remedies are alternated, which is found by me to be the best arrangement for administering these valuable antiseptics. The preparation, Glycozone, is chemically pure, redistilled Glycerine in which Ozone, or concentrated Oxygen, has been incorporated, and can be taken with as much freedom and safety as pure Glycerine. The Glycozone may be taken in doses of half a tablespoonful to a glass of water as often as water is taken during the day. When it is desired to allay nervousness and induce sleep at night, sulphate of Codeine

* Hydrozone now takes the place of Peroxide of Hydrogen, the strength is double, the dose one-half. See addenda.

is used, in doses of from one-half to one grain, by the mouth, or one-quarter to one-half grain by the hypodermic method. This remedy tranquilizes the nervous system and induces sleep, and should be administered at night.

The Typhoid Fever patient receives as food whatever is simple, at regular intervals of four hours. Milk, simple, natural milk, is nourishment of the highest importance. One egg every day, or every other day, is alternated with a small teacup of fresh pressed juice from broiled steak or mutton. The egg is pleasant to take and more nutritious, when whipped till it is light and then stirred with a small glass of milk. For a simple and nourishing artificial food, malted milk is always good.

The juices of fruits are delicious to the Typhoid Fever patient, and are not to be dismissed on the supposition that they are injurious. It is always interesting to observe that, when the fever is broken, and convalescence is beginning, that water in copious draughts is no longer easy for the patient to take. When the usual glass of water is handed back half drained, it is an encouraging sign of beginning restoration. For wholesome drinking, fresh lake water which has passed through a Pasteur porcelain filter is entirely reliable.

The simplicity of the foregoing plan meets every requirement, and saves nearly every case, unless there is some complication. It is my belief that doing more than this is doing less, and less than this which is simple, is not enough. The profession agrees that no kind of drug treatment is useful or curative in Typhoid Fever, indeed, one of these days, in my opinion, the statement will be considered applicable to other, if not all, cases of diseases of the bowels.

The plan as proposed by me and practiced during a period of five years, consists, in review, of the following systematic management in Typhoid Fever:

Water used internally as a douche for free irrigation of the bowels, either simple or made soapy with pure liquid soap. Water as a drink, and as a remedy taken copiously and frequently, especially during the stage of fever. Water is indispensable, and should be given as often as is desirable and agreeable to the circumstances of the case. Frequent application of cool water to the surface of the body during the entire illness.

Remedies: Hydrozone and Glycozone, for the antiseptic effect of the oxygen which is set free in the stomach and intestines. But to be of real value, these remedies are to be taken in considerable quantity largely diluted with water, else, in my opinion, they are of little use. The capacity of the bowels is so great that a little of anything cannot spread over enough of the enormous area to effect it beneficially. Cleanliness is the principle governing the use of Hydrozone and Glycozone.

For a remedy that sooths and brings on sleep at night sulphate of Codeine is better than chloral, besides it is the safest and best.

For food, anything that is simple and in liquid form; milk is always the best; milk and whipped eggs; pressed juice from broiled meat. The juice from fresh, ripe fruit. The nutrition taken should be at regular intervals (four hours), that suffieient time may be allowed for digestion.

Stimulants and drugs are injurious without exception, and better results are secured without their use. Typhoid Fever, generally transmitted through the drinking water, is a preventable disease. Typhoid Fever affects all classes, but if food and water were always pure, no class or age need contract Typhoid Fever. Cleanliness everywhere and always is the means at hand which makes it possible to escape Typhoid Fever and other diseases of the bowels. Internal cleanliness as well as external is a reasonable proposition of hope for the cure of the unhappy multitude of sick and discouraged humanity.

103 State Street.

ADDENDA.

"The use of Peroxide of Hydrogen as an internal remedy has been widely opposed by some of my patients, owing to the disagreeable metallic taste. This objection was partly obviated by the use of large dilution with water, but still not to my entire satisfaction.

Since reading the foregoing paper, a new antiseptic remedy called 'Hydrozone' has been received and examined already sufficiently, to promise relief from the objections against Peroxide of Hydrogen for internal use. Hydrozone has now been substituted by me instead of Peroxide of Hydrogen.

First, on account of its greater bactericide power, as it requires but half the quantity of the Hydrozone to obtain the same result,

and secondly, the taste of this remedy is not disagreeable to the patient.

Chicago, May 1, 1894.

The Marriage of Syphilitics.

BY WILLIAM G. PORTER, M. D.

I must confess that I approach the consideration of this subject with an amount of diffidence which I would not have supposed to be possible some years ago. It would be very easy to dispose of the whole question by giving to our patients who have been afflicted with syphilis, and who are contemplating matrimony, the celebrated advice of Mr. Punch to those about to be married—"*Don't!*"

In regard to this question we have a solemn duty to perform; on our decision may depend the future happiness and health, not only of our patient, but of an innocent and virtuous woman and of children yet unborn.

The subject is so large in all its bearings that it will be simply impossible for me to more than outline some of its more salient points on this occasion.

In approaching the subject we must consider first *our patient.* If we forbid him to marry, and he takes our advice, we condemn him to perpetual celibacy—we rob him of all the joys of matrimony, of possible paternity.

If we are right in our judgment, we have nothing with which to reproach ourselves. But if we have acted inadvisedly, if he is really incapable of transmitting the disease to others, if he is capable of procreating healthy children, if he has a long life of health and usefulness before him—if, in other words, he is cured—we have done him a lasting injury, we have blighted his life, we have robbed the State of a citizen who would in all probability have been more useful married than single.

On the other hand, if we advise our patient, who is or has been syphilitic, that he can safely marry, and he follows our advice and infects his wife or procreates syphilitic children, we have not only injured him, but inflicted irreparable injury on an innocent wife and helpless children.

Now, are there any rules which may guide us in the determination of this most important question?

In the first place, I would say that syphilis may be classified for our purpose into three varieties, viz., the Benignant, the Moderate, the Malignant.

I suppose it has occurred to all of us *occasionally* to have seen cases of primary syphilis followed by an exceedingly small amount of secondary symptoms, and then. almost without treatment, by perfect recovery and the absence of further manifestations; to these I would apply the name of benignant.

By moderate syphilis I mean those ordinary cases in which the disease runs through its various stages without severe symptoms —perfectly responsive to treatment, generally controlled by it, but which it may take many months or perhaps some years to cure.

By malignant syphilis I mean those cases which are severe from the start, in which the earliest secondary symptoms may be a rupia with a profound cachexia; or immediately on the disappearance of the chancre, or even sometimes before it has disappeared, the nervous system of the patient may be profoundly affected.

Recognizing these three varieties, my next proposition is that all three forms are generally curable—the first exhausting itself, the latter two requiring the treatment of the *skillful* physician to overcome them—I say skillful physician, for there is no disease which responds more rapidly to proper treatment, or shows worse results when improperly treated, than syphilis.

We know that syphilis is curable from the fact that many patients remain indefinitely without a recurrence of symptoms; and further, they frequently contract it a second time. But up to the present time no means has been discovered by which we can say absolutely to any individual patient, "You are cured: you will never have a return of this disease unless you contract it again." Because of this, many writers on syphilis claim that we have no moral right to advise a patient to take the chances of matrimony; that we can never tell, even after the lapse of years, when a relapse may occur, and the patient, who has supposed himself to be cured, may transmit to his posterity this terrible disease. Now it seems to me that if there is one thing established in medicine it is the power of medical treatment over the manifestations of syphilis. Who has not seen symptoms disappear under treatment almost as if by magic, cases apparently the most hopeless restored to health? And yet it happens to all of us occasionally to see cases which, in spite of

systematic and long continued treatment, persistently relapse; they are not really ill; they go about attending to business and the affairs of life as usual; and yet we know and they know that they are not well; the slightest indiscretion is sure to produce a temporary relapse, and so it goes on for years and years. I think that all of us who have been in practice for twenty-five years or more must recognize the fact that we do not see nearly so many severe cases of syphilis as we formerly did; and yet if we consider the numberless pathological conditions which it most assuredly causes, we must admit that it is still a most serious affection, and one which results much more frequently in death than is generally supposed.

Now, under what, if any circumstances, are we justified in informing a patient who has suffered from this disease that it will be safe for him to marry?

In the first place, marriage should be absolutely forbidden to any patient who presents at the time he consults us any of the symptoms of syphilis—primary, secondary or tertiary. Let me quote here from the master on this subject—Fournier:

"What, then, is marriage in its completeness, gentlemen? Marriage is not only an affair of sentiment, of passion, of convenience and of interest; to consider it from a standpoint more practical and at the same time more elevated, marriage is an association freely entered into, where each contracting party is pledged to bring in good faith a share of health and physical vigor, with the view of co-operating, on the one hand, for the material prosperity of the family, and, on the other hand, for the raising of children, the supreme and sacred end of every union. Now what, in this case, I ask you, will be the share contributed to the partnership by a husband syphilitic, and not cured of his syphilis? His share will be that of a health compromised, hypothecated, burdened with a debt hereafter due the pox, that pitiless creditor. On account of the pox it may happen that this man may experience one day or another such and such serious affections which will ruin his health, such and such infirmity which will render him incapable of work, incapable of earning his daily bread; and then what will become of the family, of which this man is the recognized support—what will become of his wife, what will become of his children? On account of the pox also this man may die. What may happen, he being

dead, to his wife and to these children? Is it admissible, then, that a man should think of creating for himself a family when he is liable to fail that family? Is it admissible? Is it right? Is it moral that a man should dream of having a wife and children when he offers the possible prospect of widowhood to this wife, or orphanage to these children, of poverty to this family? No, a hundred times No! Also—and I do not hesitate to say it—the man who is syphilitic, and not cured of his syphilis, and who fears not nevertheless to append his signature to the marriage contract, commits at this moment a base act, an act immoral and corrupt, an act which good people will be unanimous in condemning."

In the second place, marriage should be absolutely forbidden to all syphilitic patients who have not been subjected to a most thorough, complete, and prolonged treatment.

And finally, in the third place, before sanctioning the marriage of a syphilitic, the requirement of a sufficient treatment having been fulfilled, the physician should be satisfied that he is in perfect health, and that he has had no symptoms, even suspicions, of syphilis for a period of at least two years.

Under these circumstances, and with these limitations, I have no hesitation in telling patients that I think they are reasonably safe in marrying, and I have never yet had reason to regret the advice which I have given.—*American Lancet.*

A Munificent Gift.

University College, Liverpool, Eng., is just now the subject of special good fortune. Recently the Earl of Derby and Mr. George Holt made provision for the endowment of the chairs of Anatomy and Pathology in that institution, and now it is announced that the Rev. S. A. Thompson has presented to the College the sum of $75,000 in order to build physiological and pathological laboratories. This is as it should be. It takes the world a long time to discover that one of the best uses to which money can possibly be put, is to place at the command of the medical profession every means possible for the advancement of medical education. In direct returns, the most intelligent care of human life gives better promise, than from any other form of investment. Only a few of American millionaires have as yet discovered this fact.—*North Am. Practitioner.*

Some Common Mistakes in the Treatment of Syphilis.

Dr. George H. Fox read a paper on this subject. Many physicians, Dr. Fox said, hold to the belief that syphilis is an incurable disease. On the contrary, the disease in every case tends to run a natural course and get well of itself. If a person suffering from syphilis inherits a sound constitution and takes care of himself, the prognosis is extremely favorable even though no treatment whatever is adopted. With the methods of treatment at our command, no disease furnishes such good results.

Another common mistake arises from the belief that mercury and potassium iodide are practically the only remedies we have at our command in the treatment of syphilis. While they are both very potent remedies, yet complete reliance on them often causes serious injury to the patient. In anemic patients iron should be regarded as an anti-syphilitic remedy. In strumous individuals, cod liver oil is very serviceable. The alleviation of mental anxiety and the adoption of hygienic rules are of the utmost importance in certain cases. The mistake is too frequently made that we treat the disease instead of the patient.

Another fallacy is the belief that a certain definite period of time is required to effect a cure. Some say two years, others three, etc. The course of syphilis varies in different individuals, and the period of treatment must likewise vary, according to the severity of the case. One case of syphilis may require twice as much medicine as another, and the period over which treatment should be extended may be twice as long.

Another common error is that many ills occurring in a syphilitic subject are treated as they were of syphilitic origin. The fact that a patient has syphilis does not exempt him from non-specific disorders, yet the physician is very apt to jump to the conclusion that such disorders are the result of the syphilis, and to treat them accordingly. In many cases lesions on the tongue and oral mucous membrane in syphilitics remain unaffected by specific treatment, and the fact should be borne in mind that similar lesions may occur in persons who have not had syphilis, as the result of digestive disturbance. Even if they are syphilitic, such lesions may persist in spite of specific remedies unless the digestive errors are corrected. —*Journol of Cutaneous and Genito Urinary Diseases, Atlanta Med. and Surg. Journal.*

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The success of Fellow's Sprup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property o retaining the strychnine in solution,** and in the medicinal effects.

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THE TREATMENT OF MILD DRUNKS.

The world has been so constituted that each city, town and community has its share of citizens who break the monotony of life by getting on little "sprees." Physicians, as a general rule, do not enjoy this class of patients, because it is unpleasant and oftentimes not very remunerative. The majority of men who are addicted to spells of drinking are usually very loath to pay their bills, but the world would not be complete without them, and we have to give them our attention when called. Generally you are called to see these patients between midnight and morning. They retire pretty full and possibly sleep a few hours, when they reach such a state that they desire a physician. They are usually found in a state of great restlessness, mad, feverish and rapid circulation. Just here I wish to emphasize one point, and that is: Do not do what nine physicians out of ten will do—give a hypodermic of morphine and put your patient to sleep. I admit that this plan of treatment is almost universal, nevertheless it has its disadvantages. 'Tis true that morphine will quiet him for the time being and possibly give to him a few hours sleep, but you usually find him farther from recovery the following morning than when you injected the morphine. The objection to morphine is that it checks every secretion in the body, producing constipation, dryness of the mouth, sick stomach and very often severe vomiting. Some will say they must have the morphine to satisfy them and keep them from suffering. No one can get drunk and expect to get sober without suffering, and it is just as well for him to suffer in the early part of the treatment as in the latter. That plan of treatment which has given me the most satisfactory results is about this: I usually tell the patient

that he will not feel the best in the morning, that it takes a little time to entirely recover. I then give my patient two or three C. I. S. pills, or if his stomach is rebellious, I order one-fifth grain of calomel, with a little soda, to be taken every half hour till ten or twelve are taken. To relieve the restlessness I give bromide and chloral in sufficient quantity to produce rest. Some may say that the stomach will not retain it. Just here is where the morphine has played havoc. Is it not the custom to give a hypodermic and let your patient sleep and in a few hours put him on Bromides, and his stomach will not retain it because the morphine has deranged it, but if you will give the bromides and chloral at the beginning instead of morphine your patient's stomach will not be out of order the following day. I usually follow up the calomel with a seidlitz powder. If this does not produce an action in a reasonable time I order an injection of hot water, soap suds and a little turpentine. The bowels are often very hard to move, and it is the first step towards recovery. Your patient will not show signs of improvement till all the secretions are fully performing their functions. To allay nervousness and restlessness I often order the patient's legs and arms and feet to be thoroughly rubbed with hot water and mustard. This usually gives much relief. I find the solution of Acetate of Ammonia, a tablespoonful every hour, acts better and produces an earlier recovery than any other medicine. There is one point, however, I wish to discuss: that following a drunk if the stomach should have become deranged, not able to retain anything, and your patient feels as though he was about to collapse, about two ounces of whiskey taken every four or six hours many times produces very happy effects. This may seem bad theory to some, and may be condemned, nevertheless it has been good practice in many instances. Some will say that to give two ounces of whiskey every six hours will keep a man comfortably drunk. That is true if it were given to any one who had not been drinking, but given to a man who has been drinking from a quart to half a gallon a day, its effects are hardly perceptible, only then as a sedative. I admit that whiskey is, generally speaking, detrimental, but I hold that the shock produced by the complete withdrawal is more injurious than the whiskey given is detrimental.

Dr Hunter McGuire, with a party of friends and two daughters, are now in Europe. His Hospital is closed for repairs, but will be opened September 15th.

THE SUBJECT OF PROSTITUTION.

The Medical and Surgical Reporter says that no policing of the social evil will prove of advantage that does not include the male as well as the female partners of this evil. As there are at least four male prostitutes to one female one, the necessity of looking after the former is obvious.

"The scheme can be operated after this method: At frequent irregular intervals, make unexpected raids upon the disorderly houses. Place in custody all males found therein, without fear or favor. It is unnecessary to molest the females, who are supposed to be already under supervision.

"Having arrested the male prostitutes, inflict such punishment in the way of fines and imprisonment as may be deemed desirable, or dismiss them with a warning; but under no circumstances whatever should they be discharged until they have been photographed in addition to the ordinary methods of securing identity. Then compel a thorough medical examination. Should no disease be observed, discharge the prostitute with strict injunctions to present himself for personal medical examination at suitable intervals until the known period of incubation starting from date of arrest shall have passed.

"There will be no trouble about these subsequent examinations when the prostitute learns that a failure to undergo them would entail the exposure of his photograph as a warning to the public that the original is to be regarded as a possible source of infection and therefore a menace to the community. If at the end of his period of observation the individual is found free from infection, his photograph and all memoranda obtained by the health authorities may be returned to him without any violation of privacy.

"Should the prostitute at the first examination exhibit evidences of disease, he should be subject to quarantine measures of more or less severity. In mild cases, the display of his photograph in the offices of the health department and in the various disorderly houses would be sufficient. At any rate, some such method would afford prostitutes of the other sex efficient protection by enabling them to immediately identify probable carriers of contagion. The key to the whole business lies in the photograph and its skillful manipulation."

The entire suppression of houses of ill-repute has always been

impossible. Prostitutes are found all over the world. It is said that there are over two thousand houses of ill-repute and twelve or fifteen thousand prostitutes in New York. These prostitutes represent a special class, degenerate and criminal. Nearly all of them present pronounced stigmata of degeneration. They are more closely associated and more decidedly a class by themselves than professional thieves. Over 10 per cent. are illegitimate, a greater proportion have alcoholic, syphilitic, adulterous and criminal parentage. The majority have morbid sexual propensities, and grave sexual excesses. A very typical and illustrative history of a prostitute is that of Alphonsine Plesis, idealized by Alexander Dumas in "Camille." Her parental grandmother, who was half prostitute, half beggar, gave birth to a son by a country priest. This son was a peddler by trade. The maternal grandmother was a nymphomaniac, whose son married a woman of loose morals, by whom a daughter was born. This daughter married a peddler, and their child was Camille. She certainly possessed the powerful, perverted instincts of her class. She died childless early in life from consumption.

A thief is going to be a thief, no matter where you confine him. Just the same with prostitutes. People with the ancestry, the habits, the perverse instincts of the prostitute class, cannot be cured or reformed by the enforcement of municipal ordinances. If you take prostitutes and give them an opportunity to earn an honest living, they almost always return to their former mode of living. Besides the fact that their lives are the most degraded imaginable, they live only a short time. All that municipal authorities can do is to reduce the number as much as possible, make prostitution difficult, and prevent the disorderliness and lascivious performances which are carried on in some places.

ONE HUNDRED YEARS OF BUSINESS LIFE.

Messrs. W. H. Schieffelin & Co., of New York, in a handsomely issued pamphlet, states that the year 1894 completes a century of existence for their house. Six changes in the composition and name of the firm occur. The pamphlet has much of commercial historical interest, every page of which is written with a pen accustomed by education to such tasks. The illustrations, steel plate engravings, etc., are also finely executed.

THE DIETETIC TREATMENT OF PHTHISIS.

Attention has recently been called again to this subject by a paper read before the Association of the Bellevue Hospital Alumni, by H. P. Loomis, M. D.

The principal importance of the paper lies in its insistence upon system, and regulated diet. We are too apt to deal in generalities, and think we have done enough when we have ordered nutritious diet, and ask in a general way about the appetite and digestion, unless our attention is called to some special derangement. We have long preached the gospel of fat, and have insisted that the scales are an important instrument of precision for detecting the rate of progress forward or backward, not only in the treatment of this disease, but in the general oversight of our patient. A loss of weight is always a suspicious sign and should arouse our attention at once.

The paper referred to divides consumptives into three distinct classes as regards their digestive powers. 1. Those in whom the digestion and appetite are unaffected.

2. Those in whom gastric disturbance has begun, and those up to the time that the stomach refuses solid food. "During this time septic infection is more or less constant, the fever intermittent, and the loss of flesh gradually progressive."

3. Those who can no longer take solid food without digestive disturbances.

The diet should be made to vary according to these stages. As soon as the disease is recognized, systematic dieting should be commenced and forced feeding (six meals a day) is demanded; meat in large quantities, milk, eggs, and fat should form the main articles, with no restriction on vegetables. Cod liver oil as a food should be taken if possible, and the hypophosphites.

In the second digestive stage the main object is to render the diet palatable and the food should generally be given finely subdivided. Porter or ale with the lunch may be of benefit. Cough mixtures, on account of the syrups and narcotics they contain, should be avoided. Cod liver oil is particularly useful at this time. Digestive ferments to aid assimilation will have to come into use.

For a catarrhal condition of the intestines, the systematic drink-

ing of a half pint of hot water, before meals will prove beneficial.

In the third stage all we can hope for is to prolong life in as great comfort as possible. The patient should be fed often in small quantities. Artificially digested preparations will now be called for. Stimulants in small quantities frequently (every four hours) repeated, are of great benefit. Any cravings, and they are in some cases frequent and many, should be gratified. Feeding through a stomach tube is applicable in most cases, but will be used only in exceptional ones.

Of all the various methods of treatment of this dread disease, none seems to be so logical, none to hold out such prospects of success if adopted early, as forced feeding. It seems to be more in accord with the clinical observations that failure of digestion and assimilation are the immediate precursors of the more marked symptoms of the disease, and that these latter yield more rapidly to measures and remedies that restore the appetite and increase nutrition, than to any others; an increase in weight being invariably attended with a subsidence of the more serious symptoms of the lung trouble itself.

The long continued immunity of some, predisposed by heredity to phthisis, and their sudden succumbing to its attack after a weakening of their powers of digestion and assimilation from other causes, further confirms the rationale of this mode of treatment, which in its rigidity enforced requirements deserves more general adoption.

A HOSPITAL FOR CONSUMPTIVES.

New York City recently established a hospital for consumptives. It is located on west 38th street, and Dr. Chas. E. Quimby is the attending physician, a former associate of Dr. A. L. Loomis. It is the intention of the managers of the hospital to make such arrangements for sending patients to a sanitarium near the mountains when such a change is thought best.

We are glad to hear that our friend, Dr. J. B. Gaither, of China Grove, N. C., has sufficiently recovered from a long and severe attack of sickness, to be removed to Connelly's Springs, where he is now, steadily improving.

THE FIRST AMERICAN SYMPHYSIOTOMIST.

An individual named Coggin, who is said to write A. M., M. D., Ph. D., etc., after his name, and whose abode was lately in the town of Keener, Alabama, seems to have been erroneously credited by Dr. Robert P. Harris, of Philadelphia; in an article published in the New Orleans Medical and Surgical Journal for February, with having been the first person to perform public symphysiotomy in America. Dr. Harris's statement, resting on Coggin's declarations, was copied into the Alabama Medical and Surgical Age, and excited the curiosity of the physicians of Etowah County, in which the town of Keener is situated, for they had never heard of the case. Consequently the Etowah County Medical Society investigated the matter, and found that there was absolutely no ground for Coggin's story, also, incidentally, that much mystery hung about his admission into the medical profession. The whole story is given by the president, Dr. Erasmus T. Camp, of South Gadsden, in a letter to the editor of the Age. Dr. Camp's letter is utterly destructive of Coggin's pretensions, and abounds in shrewd comments and unreserved statement. The credit of having first performed symphysiotomy in this country rests, therefore, with Dr. Charles Jewett, of Brooklyn, to whom it had been awarded prior to Dr. Harris's article.

HOW NATURAL.

Have you never, when you had a perplexing and important case, carefully studied it before your next visit, formulating your prescription in detail? Have you not, after seeing your patient and carefully examining him, noticing symptoms here and there, rejected the remedies you thought you would use, one after another? And then didn't you finally give him an entirely different prescription, perhaps consisting of only one remedy? 'Tis often very amusing, yet true. Thus it will most always be with the best physicians. Study and practice go along together until they depart to solve the mysteries of the great beyond.

THE New York Academy of Medicine's superintendent of nurses has so arranged it that in response to telegrams from summer resorts, or elsewhere, a nurse will be promptly sent.

KISSING THE DEAD.

This silly and useless custom to which many yield in their affectionate devotion to the deceased love one carries with it dangers to which every physician should call the attention of the public. It does not make any difference about the nature of the disease that produced death, whether contagious or not, the body of a dead person is not a very salutary object, It is no unusual thing to see an entire family lingering around the coffin kissing the features of the dead one. Many times subsequent cases of sickness may be traced to just such actions. Let this be the request of everyone: "Let no one kiss me when I am dead."

JUDGING from the progress the present Congress has made it seems that the possibilities of the establishment of a National Bureau of Health will not be reached. Congress has no time to consider such a thing as the health of the nation, but must give its attention to the tax on sugar and iron and coal. It is to be hoped though that at some future day this very important and grave question will occupy their attention.

Summary of the Uses of Cod-Liver Oil.

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4. For chronic rheumatism, essentially a skin disease.

5. For diabetes mellitus, and chronic forms of Bright's disease, where there is anemia but no gastritis.

6. For phthisis, to facilitate cough and sustain strength.

7. For skin diseases of a scaly nature, not dependent upon toxemia.

8. For fevers where the temperature is not above 100° F.

9. For all diseases where there is suppuration.—*Gross Medical Bulletin.*

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(V. P. o.)

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AN ILLUSTRATED DICTIONARY OF MEDICINE, BIOLOGY AND ALLIED SCIENCES. Including the Pronunciation, Accentuation, Derivation, and Definition of the Terms Used in Medicine and the Allied Sciences. By GEORGE M. GOULD, A. M., M. D., Author of "The Student's Medical Dictionary;" "12,000 Medical Words Pronounced and Defined;" "The Meaning and Method of Life;" Editor of The Medical News; President, 1893–94, American Academy of Medicine; one of the Ophthalmologists of the Philadelphia Hospital. Philadelphia: P. Blakiston, Son & Co. In one compact, large octavo volume of 1633 pages, bound so as to lie open at any page. Prices, full sheep, net, $10.00; half Morocco, net, $10.00; half Russia, with Thumb Index, net, $12.00.

"The first thought that naturally arises when we open a new book is, What justification has it for its appearance? In answer to this, in the present instance, let us ask the following: What physician has not been repeatedly vexed within the past decade by failing to find some new and important term in his medical dictionary? What student of medicine during this time has found his dictionary abreast with his text-books? We venture to say, none. There are periods in the history of the development of every science when, owing to the number and the importance of the advances made, the subject must be rewritten. So, also, there are periods when the lexicographer must rebuild his work. In medicine, the present is such a time. The past few years have witnessed an unprecedented activity in every department. Pathological changes in the body, heretofore unknown, have been discovered, new operations devised, and new terms coined to describe them. Need any apology be offered, therefore, for the appearance of a new medical dictionary at any time? The present work is not a revision or a compilation of a previous work, but is entirely new, and is the result of a careful gleaning by the author and a corps of assistants of the living literature of the day. The objects which the author has sought to accomplish were, briefly: 1. The inclusion of the many thousands of new words and terms that have been introduced into medicine during the last few years. 2. To give the most complete epitomization of the words of the older and authoritative lexicographers. 3. To include all the more commonly used terms in biology. 4. Keeping the size and purpose of the book well in mind, to give it an encyclopedic character, not only by supplying the usual pronunciation, derivation, and definition of words, but also by showing their logical relations, their bearings, and their practical importance for the worker in

literary or clinical medicine. 5. When advisable, to give a pictorial illustration. 6. To cast the influence of the work, in doubtful or disputed cases, in favor of a more consistent and phonetic spelling. 7. To indicate the best pronunciation of words by the simplest and most easily understood method. In scanning through the book with these in mind, we can but say that the work seems to have been well and thoroughly accomplished. The spelling of hemorrhage, orthopedic, etc., with a single "e" instead of with the diphthong will probably seem to some a little radical. It is, however, in line with progress, with the teaching of the leading philologists, and with the most recent and authoritative popular dictionaries. In addition to furnishing concise and accurate definitions and pronunciation, upwards of one hundred tables have been included, in which is classified an immense number of facts collected from various sources. Many of these have been prepared especially for this work, and are not to be found elsewhere. Space will permit us to mention but a few of them. We note a complete table of arteries, giving the origin, distribution and branches of each; a table of bacteria, covering thirty closely-printed pages, and beyond doubt the most complete to be found anywhere; a table showing the expectation of life; a complete table of muscles, giving the origin, insertion, innervation, and function of each; a complete table of nerves, giving the function, origin, distribution and branches; a table of parasites, covering forty-three pages, and, like that of bacteria, the most comprehensive yet collected; a table of tests, embracing thirty-nine pages, giving, beside the name of the test, reagents employed, characteristic reaction, application and remarks; a table of stains and microscopic technique, covering thirty-seven pages, etc. The other tables, while not so large, are correspondingly as complete and valuable. Although the work is so comprehensive, by rigidly economizing space this vast amount of information has been compressed within the limits of one volume of convenient size for handling. We have no hesitation in stating that more useful information is contained in this book than in any other one-volume medical work in the English language—it would probably be safe to say, in any language. While errors are inseparable from human effort, a considerable search failed to disclose any of moment. No argument need here be advanced of the value of a good dictionary. In the one under review, the student

of medicine, of dentistry, of veterinary medicine, of biology, of bacteriology, etc., will find an invaluable companion in his reading. From an artistic standpoint, the work is as distinctive as it is in literary merit. The paper is of fine quality, the type and engravings sharp and clear, and the press-work is of a high order. A very valuable feature, and one that will be much appreciated, is that the book opens perfectly flat, and remains open at any point. A useful index refers one to special tables at once, without loss of time."

The above review, so fully and correctly expresses our views that we give it in its entirety. It is taken from The University Medical Magazine, July, 1894.

TEXT-BOOK OF NORMAL HISTOLOGY: Including an account of the development of the Tissues and of the Organs. By GEORGE A. PIERSOL, M. D., Professor of Anatomy in the University of Pennsylvania. Second edition. Philadelphia: J. B. Lippencott Company, 1894.

In the preparation of these pages the author has presented descriptions which include the salient features of the various structures with sufficient fulness to impress important details without wearing minutiæ. Too great conciseness of statement on the one hand, and too great elaboration of detail on the other, are alike unsatisfactory to the student in his efforts to gain an adequate and lasting knowledge of minute anatomy. This book contains nineteen chapters, with an elaborate appendix. Under chapter I is discussed the cell and the tissues. Chapter II, the epithelial tissues. Chapter III, the connective tissues. Chapter IV, the muscular tissues. Chapter V, the nervous tissues. Chapter VI, the peripheral nerve-endings. Chapter VII, the circulatory system. Chapter VIII, the lymphatic system. Chapter IX, mucous membranes and glands. Chapter X, the digestive tract. Chapter XI, the urinary organs. Chapter XII, the male reproductive organs. Chapter XIII, the female reproductive organs. Chapter XIV, the respiratory organs. Chapter XV, the skin and its appendages. Chapter XVI, the central nervous system. Chapter XVII, the eye and its appendages. Chapter XVIII, the organ of hearing. Chapter XIX, the nasal mucous membrane. One can see at a glance what a complete and thorough work the above is. It contains four hundred and nine illustrations, of which three hundred and fifty-eight are from original drawings by the authors. For a great desirability of keeping the size and

scope of the volume within the limits adopted to its primary purpose of a text-book the author has left out the systematic consideration of embryological data. The subject of Histology has rapidly advanced within the last eight years, or, I might say, five years. We take great pride in calling your attention to this work, knowing that when you fully take into consideration the value of such a work, brought up to the very latest and most successful methods employed, you will surely desire a copy and be highly pleased that we suggested your prompt purchase of one. The arrangement of matter and table of contents are such as to give you the least trouble in finding anything contained on its pages. It has qualities that stamp it in the lead of any work of its nature.

DYNAMICAL THERAPEUTICS. A Work Devoted to the Theory and Practice of Specific Medication, With Special Reference to the Newer Remedies. With a Clinical Index, Adapting it to the Needs of the Busy Practitioner. By HERBERT T. WEBSTER, M. D., Prof. of the Principles of Medicine and Pathology; Formerly Prof. of the Theory and Practice of Medicine in the California Medical College (Eclectic); Formerly Editor of the California Medical Journal, etc., Assisted by J. W. Lloyd, Ph. D., and Kent O. Foltz, M. D. Oakland, Cal.: H. T. Webster, M. D., Publisher. Price, Cloth, $5.00; Leather, $6.00. For sale by the author. Sent post-paid on receipt of price.

The volume before us contains 853 pages and is worthy the most careful consideration. There has been a rapid advance in Eclectic therapeutics within the past few years. The value of this book as a work of reference will depend much upon the amount of intelligence exercised in its use. There are from an entirely unbiased point of view of course, some points in relation to the author's specific treatment that must be considered somewhat in the extreme, otherwise the work is thoroughly practical, and it contains an exhaustive Clinical index, which will enable the one who consults it for information in the treatment of disease, to find the remedies applicable with little difficulty. Those who peruse the first part will observe that the department devoted to specific therapeutics is only intended to embrace the specific or dynamical effects of drugs, other uses being referred to casually.

The department on remedies contains many therapeutic hints that cannot be found in any other work, because they are original observations. We congratulate the doctor for his able efforts in this line of thought as he seems to thoroughly master the subject. The publisher will send the work C. O. D. and pay return charges any where in the United States, thus laying it down at list price.

It is a very handsome and substantial work. It is for sale by the author at corner 8th and Broadway, Oakland, Cal.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Pidiatrics, Surgery, Genito-Urinary Surgery, Gynecology, Obstetrics, Ophthalmology, Laryingolgy, Otology, and Dermatology. By Professors and Lecturers in the leading Medical Colleges of the United States, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Phila.; J. Mitchell Bruce, M. D., F. R. C. P. London, Eng.; David W. Finlay, M. D., F. R. C. P., Aberdeen, Scot. Vol. II. Fourth Series, 1894, Philadelphia: J. B. Lippincott Company, 1894.

The present volume bears the same impress of thoroughness and completeness as the volumes that have preceded it. A review of a volume of International Clinics seems almost useless—they are so well known as to scarcely need comment. This volume contains 44 clinical lectures; each showing careful preparation and research by the lecturer. Under many chapters are illustrations and many colored plates, some of which are very handsome and instructive.

He who has become a close student of these books looks forward to their arrival with great anticipation and pleasure, and it is a feeling of much satisfaction when the expected volume arrives. These lectures express the thought and experience on all important subjects of the most learned and accomplished men of our day. The titles of the different chapters composing the volume are strikingly interesting. The first lecture by Prof. Potain, on "The Maladies with which Typhoid Fever may be Confounded," is a very important, well selected and well written lecture. One beauty about these lectures, they are generally short and to the point. We always recommend them highly. No series of books gotten out shows greater mechanical skill than The International Clinics.

LECTURES ON SURGERY. By DAVID W. CHEEVER, A. B., M. D., (Harv.), Professor of Surgery, Emeritus, in the Medical School of Harvard University; Senior Surgeon of the Boston City Hospital, etc. Boston: Damrell & Upham, 1894. Pp. viii–591.

The author states in his preface that he who looks for a complete treatise on surgery in this volume may be disarmed when he learns that this is only a portion of a surgical course, which includes other teachers and varied departments. This work is dedicated to thirty-three medical classes. This to some extent shows the authors experience and his fitness for writing these lectures. The first lecture is on general considerations and it contains one truth that

should be read by all and never forgotten: "That, although the operative part of surgery is brilliant, it is not the best part, nor does it require the highest attributes of mind. He shows that surgery can have but two objects: to relieve suffering and prolong life. Would it not be well if this was followed more closely to-day. The lecture on anæsthetics contrasts the effects of ether and chloroform, the former being preferable. The lecture on delerium tremens is a most important one. The author sums up its treatment in three words—food, nutrition and sleep. Many other lectures are equally interesting and important. The volume is issued in convenient form, and is a valuable contribution to the surgical literature of the day. To the busy practitioner it will be found of great practical value. To the graduates of Harvard Medical School it will prove a work of unusual merit, preserving, when they can have ready for instant reference, the teaching of one of the ablest surgeons of his time. Price, $1.75.

NEW LIGHT FROM THE GREAT PYRAMID. The Astronomico-Geographical System of the Ancients Recovered and Applied to the Elucidation of History, Ceremony, Symbolism and Religion, with and Exposition of the Evolution from the Prehistoric, Objective, Scientific Religion of Adam Kadmon the Macrocosm, of the Historic, Subjective, Spiritual Religion of Christ Jesus the Microcosm. By ALBERT ROSS PARSONS. Price, $4.00. Post paid to any part of the world reached by the Postal Union. The trade supplied. Published by The Metaphysical Publishing Co., 503 Fifth Avenue, New York.

Not a few investigators and writers maintain the proposition that the Pyramids hold within their cold embrace many secrets of science and religion, and that when discovery is made of the right key of interpretation there will be brought to light great stores of hidden wisdom. That a profound interest gathers about the Great Pyramid admits of no question. Masons are seekers after light from every source. To this end they welcome the communications of all thoughtful minds that have given careful study to a subject alike important and fascinating. We need offer no apology, therefore, in calling attention to a remarkable work, entitled, New Life from the Great Pyramid, by Mr. Albert Ross Parsons, who advances certain novel theories which he advocates with much ability and enthusiasm. He has evidently given careful and long-continued examination to the subject he treats; he has important information to convey, and he therefore commands the attention of his readers whether or not they agree with his conclusions. His substantial volume, finely printed and attractively illustrated, is in

every way a delightful book. It appeals to thought and immagination, reaches out to vast ranges of speculative inquiry, while it is charged with references and suggestions of a historical character and of a scientific and moral import. A curious folding map at the end of the book, showing the zodiacal constellations, illustrates Mr. Parsons' suggestion that in the Great Pyramid we possess the connecting link between the astronomy and the geography of the ancients. The argument of Mr. Parsons' work is the setting forth of several distinctive propositions bearing upon the religious progress of the human world and the climbing up of Christianity out of Paganism. Historic Christianity is declared to be related to ancient cosmic science and religion. "A cosmic mystery of the Church" (Didache.) "Not being cosmic, he came to men as a cosmic" (Clement, Strone.) Augustine, Eusebius and other Christian writers of the early time are cited to show a belief on their part that the Christian religion was known to certain classes in the ancient days. The author holds the Bible in great respect. He finds in it references to a prehistoric religion epitomized in what is known as the Apostles' Creed, and witnessed in various forms and ceremonies that at one time or another have prevailed in the world and been included among sacred mysteries. He also brings out the character and mission of Christ, and commends the system of truth he presents, as highest and best—charged with the elements that shall yet give it universal credence. "The best and most authentic vehicle of communication from God to man is to be found in the Hebrew Bible. But the secret interpretation of this would have been lost but for the preservation of a monument of the practical application of the Bible's secret. This monument stands on the banks of the Nile. The use of the Bible's method of display of the divine cosmogony is to be found pure and truthful in some of the grandest ritual features of the Roman Catholic Church. On the other hand Freemasonry holds to the same elemental working by geometrical display, *i. e.* by the harder, more exact, and purer outlines of the same system of problems. As between the two systems in their ultimate, there is little difference. Lord God of a common humanity, loosen the shackles from the bodies and enlarge the souls of men! Let freedom be the seed, and let wisdom, love and peace—but before all charity—be the harvest."

Here we must pause. The reading of Mr. Parsons' book has been to the present writer both edification and instruction. The author appeals to the imagination as the poet and the seer are apt to do; but he writes as a thoughtful man, whose researches and acquisitions commend him to every earnest seeker after light. One does not need to accept all his conclusions to be very grateful to him for his suggestive and stimulating book. It is an earnest call to hold all truth precious and to seek for its enlightenment, to believe in God and cultivate a heart of trust, believing that He will guide us into all truth if we but seek to find it.

THE WILDER QUARTER-CENTURY BOOK: Original Scientific Papers, dedicated to Prof. Burt Green Wilder. By some of his former students of Cornell University. Ithaca, N. Y.: Comstock Publishing Company. Pp. 493. Price, $5.

No more graceful tribute could well be conceived nor ample volume designed for the purpose intended than The Wilder Quarter-Century Book—1868-1893. In fact, seventeen of Prof. Wilder's former Cornell pupils, who have since become more or less famous in sundry scientific departments, have joined hands and pens in dedicating to their worthy professor anything but a perfunctory work. This assumes the form of a collection of papers on physiological subjects, including vertebrate zoology and neurology. Their dedication to Prof. Wilder, B. S., M. D., is declared as "a testimonial of their appreciation of his unselfish devotion to the university and in grateful remembrance of the inspiration of his teaching and example." The book itself is well printed and profusely illustrated, several excellent plates being noticeable throughout. A finely executed portrait of Prof. Wilder by John P. Davis, Secretary of the Society of American Wood Engravers, constitutes the frontispiece. The President of the Leland Stanford Junior University, David Starr Jordan, LL. D., contributes the first article —Temperance and Vertebræ; a Study in Evolution—which discusses with clearness the relations of the numbers of vertebræ among fishes to the temperature of water and the character of the struggle for existence. An essay by John Henry Comstock, B. S., Professor of Entomology and General Invertebrate Zoology in Cornell University, on the application of the theory of natural selection in the classification of animals and plants, illustrated by a study of the evolution of insects' wings, completes another important paper. The Vital Equation of the Colored Race and it

Future in the United States is contributed by Dr. Rollin Corson, B. S., and Theobald Smith, Ph. B., M. D., Professor of Bacteriology and Hygiene in Columbian University, Washington, D. C., treats of the Fermentation Tube, with special reference to anærobiosis and gas production among bacteria. Muscular Atrophy is considered as a symptom by Dr. William Krauss, B. S.; and Prof. Biggs, M. A., M. D., of Bellevue Hospital Medical College, invites the reader to a bacterial study of acute cerebral and cerebro-spinal lepto-meningitis. An interesting and important essay is that by Veranus A. Moore, B. S., M. D., of the United States Department of Agriculture, on the character of the Flagella on the Bacillus Choleræ Suis; while Grant Sherman Hopkins, D. Sc., of Cornell University, unfolds the nature of the lymphatics and enteric epithelium of *Amia Calva* the instructor of vertebrate zoology in Cornell University, Pierre Augustine Fish, B. S., adds a highly thoughtful paper on Brain Preservation, giving a *resume* of some old and new methods.

While other essays of import go to make up the work, the engravings of moths and some fine plates by Anna Botsford Comstock, B. S., natural history artist, may, from an art point of view, be regarded as possessing a high order of merit. Preceding a table showing the courses given by Prof. Wilder, we obtain also an intimate acquaintance with Dr. Wilder's numerous and miscellaneous writings from 1861 to 1893. These include published works, essays, papers read, and many important reviews. The volume before us lacks nothing in completeness and the style throughout is clear, very often fascinating, and always of varying importance. Within certain limitation, the work will serve as a valuable adjunct in every student's library.

MACRIBIOTIC; or, Our Diseases and Our Remedies. By JULIUS HENSEL, Physiological Chemist. Translated by Prof. Louis H. Tafel, of Urbana University, Ohio. From the Seeond Revised German Edition. Published by Boericke & Tafel, Philadelphia. 8vo. Pp. 201. Cloth. By mail, $1.60 net.

This book contains something over 200 pages and is nicely gotten out. We are not very familliar with the author or with the popularity of the book itself. He writes "to put an end to the really childish doctrine of bacilli and bacteria as causes of disease." The author's ideas as to the discovery of bacteria are quite antequated, and their adoption now would be many steps backward.

'Tis true, specific germs of all diseases have not been discovered, still so much is known as to the specific germs of many acute and chronic infectious diseases as to make it absurd to deny now the relation of cause and effect of the discovered specific bacteria and bacllii.

HIS VANISHED STAR. By CHARLES EGBERT CRADDOCK. 12mo, pp. 394. Boston: Houghton, Mufflin & Co. $1.25.

Miss Murfree's latest story carries the reader to the same "Great Smoky" region of Eastern Tennessee with which her earlier novels have made us familiar. Without any effort at close critical analysis it may be said that three elements combine in the artistic result which lies open to the public inspection in Miss Murfree's pages—human nature, external nature, style. "His Vanished Star" gives us intimate knowledge of the mode of life of a band of Tennessee moonshiners, some of whom had done worse things than distill whiskey contrary to the wishes of Uncle Sam. The curious and contradictory emotional and intellectural workings of these men's natures are analyzed, together with those of the rough backwoodsman, deputy sheriff, surveyor, mountain farmer with his son and two most attractive daughters. Miss Murfree is content to have us live entirely (for the space of some four hundred pages) with these unsubdued and strongly individualized rugged Tennesseans, and only in the slightest possible degree has she used any elements of conventional society or any person whose career places him in "the world." The two daughters of the old mountaineer farmer, "Cap'n Lucy," are not found to possess a great musical talent, or to have a bird-like longing to go over the mountain. They are stay-at-home maidens, and they marry men of their own region and thought-plane. The wild and changingly attractive environment of nature in which these people live and love and hate. Miss Murfree has essayed to paint for us frequently, and with realistic details. The storm, the mists, the valley views, the haunts of the deserted mine, the night cries of owl and panther, give her opportunity for effective passages, and they often have an intimate relation to the plot and development of the story. And Miss Murfree is eminent in this respect also; she is an artist in words. In those portions of her work which are not occupied with dialect dialogue, her sentences have an exceedingly careful finish and that magnetic quality which comes from a carefully selected vocabulary and an

unusual turn of phrase. This is not the style in greatest vogue now, but it is well to have some authors who still retain the old tradition that the language of a novel should be in itself beautiful, artistic, as well as apt for the exposition of the story. There is passion and crudeness in the characters of "His Vanished Star," but one knows that the author is beyond and above that; content in the calm of her creative power. She is in the world she has made, but she is not of it.

SANDOW ON PHYSICAL TRAINING. Edited by G. MERCER ADAM. Profusely illustrated from Life Studies. New York: J. Selwin Tait & Sons. Pp. xvi. 244. Price, $3.50.

Eugene Sandow is conceded to be the strongest man, physically, and the most symmetrical, in the world, and this book gives, on his own authority, his simple method of physical education and his views on the physiology of gymnastics, the function of the muscles, etc., together with a comprehensive biographical sketch, in which is noted many of his marvelous feats of strength. The book is also one of the most sumptuous works ever published on the subject of athletics, being printed on extra heavy paper, with wide margins, embellished with marginal illustrations; but its greatest value lies in the fact that its subject matter is presented in a way likely to be of solid value to every man and woman, and every young person of either sex, who comes to its perusal with any intelligence whatever. His system is simplicity itself; it calls, not for abstinence, but rather for temperance in everything. The basis of it all is work; never too much work for the whole body, or any set of muscles, but the work must not be fitful or intermittent; it must be steadily continued, and always up to a nearly full quantity of work before resting. Sandow is now 27 years old, but at the age of 10 he was by no means a strong boy, although healthy and well formed. Among the chapters of especial value are those on hygenic and medical gymnastics, exercise and the bodily functions, the chief muscles, where they are situated, and what they do, with full pictorial explanation, as is also the case with the concluding chapter on the most profitable exercises.

THE ROMANCE OF A TRANSPORT. By W. CLARK RUSSELL. 12mo, pp. 404. New York: Cassell Publishing Co. $1.

Here is a little trio of recent English novels. "The Green Bay Tree," which called forth very varied criticisms from the British

press, has passed into a second edition. It is interesting as an example of collaboration in fiction writing; a method somewhat in vogue at present. The novel is, in general, the history of the triumph of an unscrupulously wicked man, and the miserable suffering and end of a just man. It is written in a clever, audacious, somewhat dashing and cynical style, and introduces under slightly fictitious names a number of men and women eminent in contemporary English life. It is perhaps as a picture of student days at Cambridge University and of certain aspects of current English political organization that the book will attract the most readers. "Major Joshus" strikes one as an original piece of character study and a rather entertaining love story. Here and there it gives the impression of reality, but on the whole the reader will find himself within the borders of conventional romance. Mr. Clark Russell's new sea story is an autobiographical account of the "tragic and amazing experiences" of a young English woman who in man's attire hides as a stowaway upon the ship in which her innocent lover is being conveyed ac a convict to Van Dieman's Land. In his own worthy department of fiction Mr. Russell is an eminent master and his romances of ocean life have long enjoyed a wide popularity.

HEALTHFUL WOMANHOOD AND CHILDHOOD. Plain Talks to Non-Professional Readers Relative to Healthy and Diseased Conditions Peculiar to Women and Concerning the Care of Young Children. By HENRY BIXBY HEMENWAY, A. M., M. D. Evanston: V. T. Hemenway and Company.

This book teaches in plain language, those things that every woman should know about he physical being and the care of her children. Many of the publications on such subjects are of questionable value scientifically, and pernicious morally, but this book can be commended to such physicians as desire to have their families posted upon these topics as complete, temperate, correct, and chaste in spirit and word. This book is not intended to take the place of the worthy family physician in the care of his patients, but to teach women and mothers their physiology, especially as related to child bearing and child raising. He discusses the following subjects: Anatomical points relating to the sexual life; the causes, prevention and cure of uterine displacements; lucorrhœa; menstruation; derangements of menstruation; general hygiene dress, exercise; baths, diet, etc; marriage; hygiene of the marriage bed; prevention of conception; miscarriage; hygiene

of pregnancy; confinement; diseases of pregnancy; difficult labors; care of mother and child after confinement; infant feeding; children's diseases; teething; hints on bringing up children; poisoning; and change of life. The scope of the work will be apparent from a glance at these topics. The work contains 290 pages and the price is $2.00. The author has written a book which might be profitably read by all classes of society, and that, being read, it would help each to lead a more perfect life.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF ELECTRICAL ENGINEERS. VOL. X. Published by the Institute at its office 12 West Thirty-first Street, New York City, U. S. A.

This large closely printed volume shows the immense activity now existing in the electrical field and indicates the necessity of constant reading and study for those who desire to keep up with the day. It is very evident that the time has come when the electrical engineer will have to submit to the mood of the day and become a specialist, not in his own science of electricity only, but in some particular branch thereof. This is the tenth volume of the transactions, and the papers found therein are of inestimable value. One of the most interesting features of these transactions are the very full discussions and communications relating to the papers which are printed immediately after them.

THE HEALTH RESORTS OF EUROPE: A Medical Guide to the Mineral Springs, Climatic, Mountain, and Seaside Health Resorts, Milk, Whey, Grape, Earth, Mud, Sand, and Air Cures of Europe. By THOMAS LINN, M. D., Doctor of Medicine, Faculty of Paris. Second Editlon. London: Henry Kimpton 82, High Holborn, W. C. Hirschfdld Bros., 22 and 24 Bream's Buildings, Fetter Lane, E. C. Bristol: John Wright & Co. 1894.

To those contemplating going to some European watering place, or intending to winter in one of the health resorts abroad, this book is written. The writer says this book was written because no one book gave us the information we needed. This work gives brief descriptions, yet all the necessary information to the important medical stations in Europe, but does not pad the book with little known places. All the resorts are written up from a medical point of view, and special attention is paid to the sanitation of each station and to its general hygiene, as well as to the cure of disease by climate and mineral waters. Much care has been given to the preparation of a list of all the English and American physicians and specialists who reside and practice in Europe. The shortest and

best routes from London and Paris to the various localities named are given, with the distance and first-class fares. Good hotels are recommended in each place. This book contains 330 pages, and is certainly a useful and instructive work in its line.

IN SUNNY FRANCE. Present-day Life in the French Republic. By HENRY TUCKLEY, author of "Under the Queen," "Questions of the Heart," "Masses and Classes," etc., etc. Cincinnati: Cranston and Curts. New York: Hurst and Eaton.

This book affords one the most pleasant reading—easy and interesting. It portrays in the most every-day fashion Parishian life, their manner, customs, laws, religion, etc. He who has never had any desire to visit Paris will change his mind after reading this little book. If anyone contemplates visiting the City of Fashion and Gayety, will find this a very instructive book to read before going. The contrast between London and Paris is fine, one the city of stability, commerce; the other a city of beauty and gayety. It is a most readable book.

APPLETONS' POPULAR SCIENCE MONTHLY. Edited by WILLIAM JAY YOUMANS. New York: D. Appleton & Co., 72 Fifth Avenue. $5.00 per annum; single copy, 50 cts.

The Popular Science Monthly is without a competitor. It is not a technical magazine. It stands alone as an educator, and is the best periodical for people who think. All its articles are by writers of long practical acquaintance with their subjects, and are written in such a manner as to be readily understood. It deals particularly with those general and practical subjects which are of the greatest interest and importance to the people at large. It keeps its readers fully informed of all that is being done in the broad field of science. Illustrations, from drawings or photographs, are freely used in all cases in which the text may be thereby elucidated. Examination of any recent number will more than confirm the foregoing.

LITERARY NOTE.

The well known house of The F. A. Davis Co., of Philadelphia, will issue, in September, a work which will be most favorably received by the medical profession. It is entitled *Obstetric Surgery*, and is written by Drs. Egbert H. Grandin and George W. Jarman, gentlemen who, from their long connection with the largest and most widely known maternity hospital in the United States (The New York Maternity Hospital), are peculiarly fitted to expound the subject from the modern progressive stand point of election.

There is no work in any language which deals with the surgical side of obstetrics so thoroughly as the present. The rules of obstetric asepsis and antisepsis are so described and simplified as to enable even the busy general practitioner to surround his patients with the same safeguards as are guaranteed in well-ordered hospitals. The subject of pelvimetry, without due regard to which modern obstetric surgery cannot exist, is most tersely and exhaustively treated of. The indications under which artificial abortion and the induction of premature labor properly fall are clearly exemplified. The limitations of the forceps and of version, and the beneficent results to be secured through timely resort to symphysiotomy and the Cæsarean section, are stated with the accuracy which the marvelous progress of the past few years allows. The surgical aspects of the puerperal state are carefully described, and the concluding chapter deals with the surgical treatment of ectopic gestation.

The work having been prepared from a teaching stand point, the terse text is elucidated by numerous photographic plates and wood cuts, representing graphically various steps in operative technique. The student and the practitioner, thus, not alone may *read* what to do, but may also *see* how to act.

The work is not burdened with literary references. The authors have aimed to teach that which ample and prolonged experience has taught them is good. The net price of the volume will be $2.50, and it will be printed in large, clear type, on excellent paper, and handsomely bound in extra cloth. The full-page plates, about 14 in number, will be printed on fine plate paper, in photogravure ink.

A companion volume, dealing in the same terse, practical manner with pregnancy, normal labor, and the physiological and pathalogical puerperium, is in active preparation by the same authors.

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Numerical Strength of the Different Schools of Medicine in the United States.

By John K. Scudder, M. D.

There have appeared many statements, at different times, in the medical press relative to the numerical strength of the different schools of medicine. Most of these so-called statistics have been incorrect, and many of them misleading. One of the chief reasons why the Eclectic and Homœopathic statistics have not been as full as they should be, is because of an unwillingness to come out squarely before the public. This accounts for the great number of unclassified, marked with a *, in Polk's Medical Directory, volume iii.

The following estimate, prepared at considerable expense of time trouble, is offered for what it is worth. If it does nothing more than show liberal minded physicians that they have nothing to be ashamed of in their record of three-quarters of a century, the object of the writer will be attained.

STATES.	A. Total Number.	B. Polk's List.	C. Regular.	D. Hom.	E. Eclectic.	F. Physio-Med.	G. Unclassified.
Alabama	2117	1900	1566	24	99	...	211
Arizona	108	98	74	4	10	...	10
Arkansas	2586	2328	1765	50	249	6	258
California	3300	2970	1795	368	452	25	330
Colorado	1165	1049	738	89	93	13	116
Connecticut	1267	1141	735	126	147	7	126
Delaware	292	263	105	30	9	...	29
District Columbia	831	748	565	71	26	3	83
Florida	789	711	498	57	73	5	88
Georgia	2825	2543	1789	46	401	25	282
Idaho	176	159	101	7	24	...	17
Illinois	8002	7200	4245	975	988	192	800
Indiana	5006	4606	2293	293	1020	400	500
Indian Territory	416	375	266	2	62	4	41
Iowa	5435	3991	2932	450	470	95	44
Kansas	3089	2781	1636	360	414	63	309
Kentucky	5063	3657	2883	125	218	25	406
Louisiana	1412	12ff1	1048	36	46	...	141
Maine	1222	1100	848	137	57	...	122
Maryland	2120	1918	1606	76	24	...	212
Massachusetts	4457	4012	2646	687	221	13	445

Michigan	4057	3552	1905	686	459	97	405
Minnesota	1584	1426	877	239	127	25	158
Mississippi	1682	1514	1268	18	60	...	168
Missouri	6171	5561	4000	381	538	25	617
Montana	299	270	157	19	20	45	29
Nebraska	1730	1557	877	202	264	41	173
Nevada	66	60	38	10	6	...	6
New Hampshire	720	648	435	90	47	4	72
New Jersey	2030	1827	1243	301	80	...	203
New Mexico	147	143	400	10	9	...	14
New York	11171	10054	6725	1338	824	50	1117
North Carolina	1799	1619	1401	11	24	4	179
North Dakota	272	246	187	22	9	...	27
Ohio	7579	6814	4030	678	1199	155	757
Oklahoma	267	241	171	6	38	...	26
Oregon	909	819	597	47	72	13	90
Pennsylvania	9310	8479	6405	684	384	75	931
Rhode Island	764	589	289	107	28	...	65
South Carolina	1422	1280	1103	5	5	25	142
South Dakota	450	405	266	40	54	...	45
Tennessee	4379	3942	3193	68	225	19	437
Texas	5288	4756	3677	99	312	50	529
Utah	273	256	186	18	23	2	27
Vermont	696	527	282	121	45	10	69
Virginia	2806	2526	2191	28	27	...	280
Washington	910	819	643	48	18	19	91
West Virginia	1061	955	717	20	99	13	106
Wisconsin	1966	1870	1139	330	195	10	196
Wyoming	75	68	46	9	6	...	9
Total	118453	106633	72028	9648	10292	1553	11524

A. Total estimated number of physicians of all schools, according to a recent list issued by the Gardiner Co., of New York.

B. Total estimated number of physicians of all schools, based on Polk's Directory, making allowance for duplicatos and dead addresses.

C. Total estimated number of so-called Regular or Allopathic Physicians.

D. Estimated number of Homœopathic physicians. This estimate was arrived at by adding 10 per cent. to the list furnished us by Messrs. Boericke & Tafel, of Philadelphia.

E. Estimated number of Eclectic physicians, based on the systematically arranged list of Lloyd Brothers, Cincinnati.

F. Estimated number of Physio-Medical physicians, is furnished us by the editor of "Sanative Medicine," Westerville, O.

G. The remaining necessarily unclassified. Many of these are probably "duplicates," "dead addresses," and "patent medicine men." Estimate, 10 per cent. of total registry of all physicians.

The number of Homœopathic physicians in the United States has been variously estimated at from 10,000 to 1000. The above estimate (9,648) is not far from the right figure.

The Eclectics lead them with 10,292. There are more Eclectics than Homœopaths in 30 States and Territories out of 50. The States in which we lead very materially are Arkansas, Georgia, Indiana, Indian Territory, Kentucky, Missouri, Ohio, Oklahoma, Tennessee, Texas and West Virginia.

The number of Homœopaths exceeds that of the Eclectics in 19 States and Territories. Their chief strength lies in the old eastern States, like Maine, Massachusetts, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.

The chief strength of the Physio-Medical school lies in Indiana, Illinois and Ohio.—*Eclectic Medical Journal, Cincinnati, O.*

Causes of Sexual Debility.

Dr. F. R. Sturgis gives the following summary of his views at the termination of a very instructive paper:

1. That the cases of sexual debility which are marked by imperfect erections and by premature emissions, are usually, if not entirely, due to hyperæsthesia of some portion of the urethra.

2. That masturbation has very little, if anything, to do with it, beyond the fact that if indulged in to excess, it may induce a tendency toward this hyperæsthetic condition, but this is no more marked in masturbators than it is in those persons who indulge to excess in the venereal act.

3. That organic stricture has little, if anything to do with it; but that associated with this hyperæsthetic condition there is an irritable condition of the canal which produces spasmodic contractions of the urethra upon attempts to pass instruments, oftentimes during the first act of micturition and at the time of connection.

4. That varicocele plays no unimportant part in these cases.

5. That neuralgia of the testis, if a cause of this disease, induces it merely as a secondary consequence to the pain which is one of the distinguishing features of this disease.

6. That tuberculosis, syphilis and gonorrhœa may also play their part and should all be reckoned with in summing up the causes which may induce this peculiar and depressing condition of affairs. —*Gaillard's Medical Journal.*

Bismuth as a Local Application in Burns.

"The treatment of extensive burns by bismuth, which is employed by Dr. Bardleben in the Friedrichsham Hospital, Berlin, is stated by Dr. Spigearni, of Moscow, to have succeeded admirably in the case of a man who was accidentally burned in a Russian bath by means of a jet of superheated steam. The burn covered the face and the whole surface of the body, with the exception of the feet, the legs, and the lower third of the thighs. When Dr. Spigearni saw him he had been for six days under the care of another surgeon, who had applied iodoform. This was completely caked by the purulent and serious discharges from the blisters, and the temperature was nearly 102 degrees F. After cleansing the surface thoroughly by means of absorbent cotton wool and boric lotion it was well powdered over with subnitrate of bismuth enveloped in an absorbent cotton wool dressing, the latter being omitted from the face, and quinine and stimulants were ordered. A marked improvement soon began to show itself; the dressing was changed three times in the three weeks during which the man remained under treatment, when he was completely cured."—*Lancet.*

Heart Failure.

The Boston Medical and Surgical Journal says that a physician's report of death from "heart failure" may be assumed to mean that the case died either from some overpowering nervous influence or from toxic, inflammatory or degenerative changes in the myrocardium, suppurative or interstitial myrocarditis, arterio-sclerosis of the heart, fatty degenerrtion following valvular or wasting disease or stenosis of the coronary arteries, or to acute primitive dilatation from prostrating fevers, chlorosis, leukæmia, pernicious anæmia, chronic malaria, over-work and other depressing influences.

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Fig. 1.

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This is a condensed and very intelligent view of the information required by the practitioner of medicine. * * * This work embodies much research and will amply repay a close study on the part of the medical man.—*Medical World.*

This is a most unique and wonderful little medical cyclopædia, embracing nearly all the diseases of the art with their several definitions, symptoms and causes. It contains an immense fund of condensed general information in convenient space, and is, all in all, a peculiar book, both for its style and usefulness.—*The Southern Clinic.*

For the general practitioner and young physician this book will prove a boon. * * * The strongest points in its favor are the immense number of practical items in the smallest space, with, at the same time, a clear and concise presentation of all the matter considered. * * * * As a book of reference it has no equal, and in new remedies of reported value, as well as modern didactics, it is proof against unfavorable criticism. The author was evidently well equipped for the work he undertook, and deserves from the profession that kind of recognition which will secure substantial return. * * * —*The Medical Era.*

This work, of the many compends published, strikes an examiner as superior in many departments to any of its rivals. * * * The writer shows that he is a close student, and it must have required many years of work to completely cover so large a ground. * * * It is invaluable for the student, also, and any one can be bettered from its use.—*Medical Sentinel.*

In 1890, after the first edition of the "General Practitioner," Dr. Ritter von Nussbaum, the famous surgeon at the Royal University of Munich, to whom Dr. Strehz had dedicated the work, expressed his acknowledgments in the following terms (translated):

DEAR DOCTOR—I beg to state that I am in possession of your admirable book, the "General Practitioner," and I thank you from all my heart for the great honor you do me. Trusting you will be amply repaid for the trouble and time you must have bestowed on a work of such intrinsic value, I remain with the highest consideration,

Your most sincere colleague and friend,

GEHEIMRAT NEUSSBAUM.

Surgery—Responsibility of Operators.

The occasional suits for malpractice brought against reputable surgeons by friends and relatives of those who have died under the knife are, in many instances, greatly to be deplored. Cases are on record where a woman, for instance, has understood thoroughly the operation to be performed and has not only expressed her willingness to undergo it but has demanded it, assuming herself all risk, and yet after an unsuccessful result, the surgeon is served with a suit for malpractice and has no redress, but must appear in a court of law and even should he gain his case, as is not always done, his reputation must of necessity be affected and his shill called in question.

There should be some uniform and written understanding or agreement between the operator and the person to be operated on or the responsible guardian of such person, and no surgeon should undertake an operation without seeing to it that such protection is assured. It is the custom with many surgeons who do a large number of operations, and particularly operating gynecologists to have a book prepared for the purpose in which is a printed agreement setting forth that the person and his or her guardian understand thoroughly the operation about to be performed, and that they wish it to be performed and will exonerate the surgeon from all blame in case of an unsuccessful result.

This may appear to be a very one-sided arrangement, but it is natural to suppose that no one will make such an agreement with any but a reliable and trustworthy surgeon.

The plan is one which should be followed by all men whose extensive work and well known skill not only attract a large *clientele*, but whose wealth and reputation would make them a prey to designing persons who bring suits for notoriety. It would seem as if there were little trust in human nature when such agreements have to be made between the sick and the healer, but opinions are so liable to change before and after operations, and it takes so little to poison the average mind, and it is so easy in this country to enter suit against any one for almost any cause, that surgeons must, and should do whatever is possible to protect themselves against unjust claims, which cause waste of time, damage to reputation and entail serious pecuniary loss.—*Maryland Medical Journal.*

Premeditated Suicide.

I ask a glass of water, or of claret, or of beer,
I go to kiss a pretty maid, she turns away with fear.
I eat some lemon jelly that's been standing on the sill,
And they tell me all are loaded—warranted to kill.

I put a pencil to my lips, I gulp down pounds of air,
I visit all the cattle at the Wayback County Fair.
I buy a paper of a boy and handle dollar bills,
And they tell me every one of these has that on it which kills.

I'm not much up in science, but I know a thing or two;
I know that if I do not eat or drink or kiss a few
Of these fashionable, dreadful germs, I certainly will die,
For I'd have to give up breathing to escape the bacilli.

Bacteria, Bacteria! I'm not afraid of you.
The world will roll around the sun for all that you can do;
So on dollars and on papers and on kisses and on food,
Just hand me common bacilli—I'm not a science dude.

And what's the use of living if you cannot eat or drink,
If pretty girls and dollar bills, and even printer's ink,
And country fairs and pencils are only other terms
For the rapid transit system of the scientific germs.

—*Judge.*

Rules as to Time of Rupturing the Amniotic Sac in Labor.

1. In multipara, rupture when os is fully dilated. 2. In primipara, delay until the soft parts are also dilated. 3. In cases of face and breech presentation, delay in rupturing the sac is best. 4. Where the pelvis is small and the fœtus large, delay rupturing. 5. In premature labor, with a dead fœtus, rupture early. 6. Rupture the sac early when the membranes are unusually thick, tough and unyielding. 7. When speedy delivery is demanded, rupture early and dilate with the fingers. 8. Rupture the sac when an excessive amount of amniotic fluid retards labor. 9. When version is necessary, and can be accomplished by bimanual manipulation, perform this operation before rupturing. 10. Remember that a dry labor is always to be deprecated, hence do not rupture at all, unless for good reasons and the case demands it.—*Atlanta Med. and Surg. Journal.*

A New Manhood and a New Womanhood.

If the human race is to endure, and if civilization is to advance, the relations between the sexes must not permanently be relations of rivalry. Men and women were not made to struggle with one another for the advantages of life, but mutually to aid one another in reaping those advantages. The "sweet love" of which the poet speaks is given as the reward of right relations between man and woman ; and, where other guidance is lacking, we may profitably ask whether any given line of conduct tends to the gaining or the sacrificing of that reward. If to the former, then it may safely be said to be right conduct ; if to the latter, wrong. What it is clear that man has to do in these latter days is to frame to himself a higher and completer ideal of manhood than he has hitherto, on the whole, entertained, and try to live up to it. The awakened womanhood of the age—when allowance has been made for all that is hysterical and morbid and heartless in contemporary feminine utterances—summons him most clearly and distinctly to walk henceforth on higher levels in the strength of a nobler self-control. Then he has to recognize in the fullest sense, without a particle of reservation, that he has in woman not a weaker shadow of himself, not a reflection of his glory nor a minister to his pleasures, but a divinely bestowed helpmeet, to whom special powers and facilities have been imparted for the interpretation of truth and the beautifying of life. The ancient Germans, Tacitus tells us, used to recognize a certain divine power of intuition in their women, and if they did it was probably not without cause. The phenomenon is not an extinct one in our own day, and we venture to say that its frequency will wax or wane according to the respect paid not by man only, but by woman herself, to all in her nature that is most distinctive of womanhood. It is far from certain that a woman always recognizes what her own best gifts are ; and there is, in our opinion, a specific danger lest, in her new-born zeal for a masculine equipment of knowledge, she relegate to an inferior place that native truth of perception which is of more importance, we may almost say, than all formal knowledge.—*From the Editor's Table, in the Popular Science Monthly for August.*

The Inevitable Failure of the Railroad Strike.

The lessons of the great strike cannot be laid down with any dogmatism. The principal actors have all been scolded and reprobated to the full extent of the vocabularies of many modern languages. There will be official investigations into causes and methods, and it is not necessary to pronounce hasty judgment. To the calm and experienced observer there was never a moment when the inevitable failure of the strike was not as clear as the noonday. Strikes are always cruel and barbarous, and always inflict great harm upon unoffending parties. But sometimes, under circumstances which compel sympathy to rally around a strike, the wrong done to the innocent public is borne in patience.

The least possible injury to the unoffending public, the greatest possible amount of sympathy from a candid and disinterested world: —these are the conditions requisite to success in a strike. And any aggressive strike measures that injure the public chiefly and that injure the objective enemy only secondarily, will promptly destroy these conditions. The fact that Pullman cars form a part of the train service on more than a hundred thousand miles of American railroads, did not in the least justify a strike of railroad men. The American Railway Union was entitled to bestow just as much encouragement and financial aid upon the strikers in the Pullman shops as it pleased. But nothing whatsoever in the circumstances afforded the slightest ground for the extension of the strike outside of those shops. From the point of view of militant Labor, it is conceivable that the fight in the town and shops of Pullman if kept concentrated, and if supported by a tithe of the money that was squandered upon the outside sympathetic strikes, might in the end have succeeded. But when Mr. Debs, as autocrat of the new American Railway Union, adopted the policy of extending the strike and of attacking the unoffending railway corporations, and the still more spotlessly inoffensive world of traffic and travel, he made it necessary that the strike should fail most disastrously.—*From "The Progress of the Worle," August Review of Reviews.*

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Remarkable Results in the Treatment of Epilepsy.

FALLS CITY, NEB., June 21, 1894.

The Tilden Co., New Lebanon, N. Y.:

Gentlemen—About a year ago I commenced using your Hydrocyanate of Iron in epilepsy and have had such good results from its use that I feel like adding something to the literature on the subject of its use in this connection. I have had *marked improvement in every case* that I have treated with it and complete recovery in two cases.

Case No. 1—Mr. M., age 43, family history good. At the age of 20 the patient had left forearm crushed and had it amputated at the juncture of the lower with the middle third; after the wound commenced to heal patient commenced to have epileptic attacks which increased in severity until he would have on an average one a week, and some days would have three or four seizures.

I saw the patient in January, 1893, and learned that he had been taking bromides for a long time, with little or no result. Upon examination of the stump I found it extremely tender upon deep pressure, due to the presence of a neuroma at the end of the ulna and median nerves. I amputated the limb higher up, giving the patient a good stump, and commenced giving the Bromide of Potassium in 20 grain doses four times daily to break up the epileptic habit that we find in cases of traumatic epilepsy; but the attacks continued to recur. I gave the bromides a thorough trial and finally in May, 1893, I commenced using your Hydrocyanate of Iron in ½ grain doses three times daily.

After I commenced its use the patient had but one attack which commenced on the next day after the iron was given. I kept up the treatment for three months and have heard from the patient since. He has never had an attack since and at present is in good health.

Case No. 2—Mrs. B., aged 32, married, has two children, youngest aged 5. This patient came to me in February, 1893. She gave a history of having epileptic attacks from childhood, which came on at irregular intervals, ranging from two or three in a single week to only one in two months.

I commenced using the bromides but did not get very much

effect from their use. Finally in May, 1893, I commenced using the Hydrocyanate of Iron in ½ grain doses three times daily. After the first month's treatment the attacks grew less frequent, so that in the four months thereafter she only had one attack. I kept up the treatment until December, 1893, gradually decreasing the size of the dose after the first four months until the last month, when I gave patient only ½ grain of the preparation daily. This patient is in good health and has not had an attack since July, 1893.

I have several cases under treatment now and they are all improving.

I am yours truly,

F. C. WISER, M. D.

An Interesting Law Case.

An action for damages has just been tried in one of the Paris courts which perhaps is unique of its kind. A gentleman suffering from anemia of a very hopeless type was advised by his medical attendants to submit to the operation of transfusion; and having consented, his gardener volunteered to supply the blood. Consequently transfusion was performed, and to the great benefit of the patient, who recovered completely after a short time. However, some time afterward the gardener fell ill, and attributed his condition to the sacrifice he made for his employer. He accordingly brought an action against him for damages, claiming the large sum of 60,000 francs, or nearly two thousand five hundred pounds. The court ordered an independent medical examination of the case; but in the meantime the man died, that is to say, two years and three months after the operation. The autopsy proved that the gardener had succumbed to a carcinoma of the stomach, and the doctors gave their opinion that the malady was not affected by the transfusion. However, the widow continued the suit, and last week the court dismissed the case with costs against the plaintiff.—*Medical Press.*

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Dissatisfied Human Nature.

One problem that constantly confronts the practicing physician is how to make lean persons stout and stout persons slender. If there could be a system of "give and take" or if there were a clearing house excess and lack of avoirdupois could be regulated, probably human nature would find something else of which to complan.

As it is, many go through life weighed down with fleshy burdens grievous to be borne, and still others would gladly add to their weight provided the addition could be deposited in the right place, ank so all are dissatisfied. In fact this is usually a case where prevention is better than cure, or in which the simplicity of the cure does not appeal to the average human being. The stout woman wishes her waist reduced and her neck enlarged; the obese man would gladly part with a few chins and a protuberant abdomen, but neither is willing to give up pet habits or favorite foods and stimulants.

The woman may continue to devour large quantities of sweets, and the baser sex may consume rich foods and fattening stimulants, yet neither is willing to part with what delights the palate, but seeks some drug which will counteract this overfeeding, and the poor medical man is taunted with the statement that he is powerless to cure trifling ailments. Some persons will grow stout in spite of everything, while others remain skeletons against all endeavors to the contrary.

Could implicit obedience be had from these sufferers, no doubt much might be done through diet and exercise. But it is very difficult to induce the wealthy woman to give up her carriage and take to walking, and the thin one will have her pleasure and excitements despite all advicc to the contrary. Physicians in general practice have great difficulty in dealing out flesh to satisfy all.

It is true that greater efforts are made to reduce than to increase the weight because this increase is accompanied with greater dangers; both conditions can be changed with some exceptions, not by home treatment, but by strict care and supervision in a hospital where all food and exercise can be regulated. The exceptional cases, however, will go on unaffected by any known treatment, probably because in each case there is a greater or less activity of

the powers of assimilation beyond the control of even the best medical aid.

Physicians can and should give more attention to these disfigurements which demand the best skill and treatment even if they are not considered diseases.—*Maryland Med. Jour.*

Antiseptic Midwifery.

The application of antiseptic methods to all the details and events of obstetric work is a large subject, and one worthy of more minute treatment than it usually receives in the text-books in common use by students. On this we cannot touch, but there are certain things which are so essential in every case, and are, we fear, so frequently neglected, that even at the risk of appearing elementary we formulate them as a routine to be followed in every lying-in chamber both by doctor and nurse: (1). The hands and wrists should be thoroughly cleansed with hot water, soap, and nail brush, and then soaked in some antiseptic solution of which perchloride of mercury 1 in 1,000 is the best, whenever the patient's genitals have been touched, and no lubricant should be employed which is not antiseptic; (2) in an early stage of the labor the external genitals should be thoroughly cleansed with warm water and soap, and then swabbed with the same antiseptic solution, pledgets of cotton wool being used and no sponges allowed; (3) during the progress of the labor the external parts should be occasionally wiped with pledgets of wool moistened with the antiseptic; (4) the washing and disinfection of the external parts with soap and water, followed by perchloride, should be repeated after the labor is over, and once a day afterwards; (5) each time a diaper requires to be changed during the after progress of the case, the outer parts should be wiped with a pledget moistened with perchlorid solution; (6) all instruments should be thoroughly cleaned by boiling, and be disinfected immediately before use either by perchloride, 1 in 1,000, or by carbolic lotion, 1 in 20; (7) whenever either the finger or an instrument has to be introduced, the vulvar fissure should be previously cleaned with pledpets of wool soaked in perchloride solution, 1 in 2,000; (8) the diapers should be clean, preferably either the "wool wool" or "sanitary" pads sold for the purpose; but, if the ordinary diapers are used, care should be taken that they are boiled in the washing. —*British Medical Journal.*

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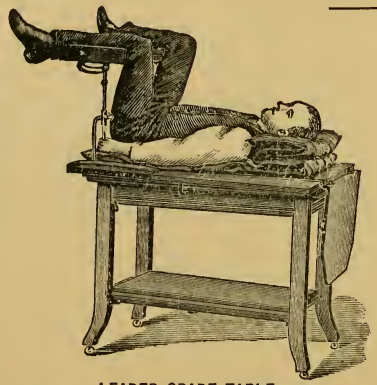

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Woman in Medicine.

A French compiler, M. Marcel Baudouin, furnishes a resume of the legal status of women in the medical profession in various countries, in which, singularly enough, he omits all but the merest mention of the gentler sex in France. According to M. Baudouin, women are rigidly excluded from the advantages of a university education in Germany, and consequently may not become candidates in any medical examination; "it naturally follows that no medical woman can be the possessor of a certificate carrying with it the slightest value in Germany," since a state license upon examination is necessary to practice in that country. In Austro-Hungary the situation is even worse; there the admission of women to higher grade instruction is formally forbidden by law. Spain is quite as bad; in fact the difficulties are said to be even greater in the Iberian peninsular than in Germany and Austria. In England, Ireland and Scotland the universities—through which lies the registration necessary to the right to practice—are now all thrown open to women, Scotland having been the last to yield to the new order of ideas; in Ireland, however, while a woman is afforded every facility for obtaining a medical qualification, she may not fill any public office under the S ate. Similarly in Sweden, Norway and Denmark, the medical career is open to all without distinction of sex—save in the matter of State appointments. In Belgium, Holland and Roumania the broadest views prevail regarding the medical rights of women; they may do and be, as physicians, all that men can and are, *ceteris paribus*—which they are not. The right of women to practice is fully recognized in Italy, and a woman occupies the Chair of Histology in the Medical Faculty of Bologna.

In 1893 there were 308 women attending medical lectures in Zurich, Geneva, Berne, Basle and Lausanne, but there are only ten women practicing in Switzerland; after graduating the students returned to their own countries to practice, principally to Russia. In this latter country, Russia, there were 546 women practitioners in 1893, and women are there allowed by law to become assistant surgeons in all railway administrations; in 1890 a special medical school for women, after the American model, was established in Moscow. Universities in many of the English colonies have been open to women since 1875, and in France woman first obtained

foothold in a university in 1863, but five years later there were only four female students in l'Ecole de Medecine of Paris; the more beautiful women of a most beautiful country do not seem to take kindly to the practice of physic, notwithstanding the illustrious examples of Mesdames La Chappelle, Bourgeois and Boivin. concerning whom it has been said that "if their mantle could be made to fall on the shoulders of their sisters of the present generation female delicacy would be saved many a rude shock and the cause of science would in no sense suffer."—(Leishman, "System of Midwifery.") M. Baudouin concludes with the following tribute to this country:

"Only a moment's consideration of the following statistics is necessary to convince an inquirer that he must proceed to the United States of North America if he wants to study effectually the question of medical women. According to a statistical report drawn up by M. Frank, of Brussels, there were in 1883 on the other side of the Atlantic fully two thousand women practicing medicine in one or other of its forms and inclusive of 130 'homœopaths.' The majority were general practitioners, but there were also 70 hospital physicians or surgeons; 95 professors in the schools; 610 specialists for the diseases of women; 70 alienists; 65 orthopedists; 40 oculists and aurists, and, finally, 30 electrotherapeutists. In Canada there is but one medical school exclusively for women, but in 1893 there were ten such in the United States. It must not be forgotten also that all medical schools in America are freely open to women, and that mention of this is by no means omitted from their published announcements."

This latter statement is not entirely accurate, since many schools refer women applicants to their special colleges, preferring to avoid a certain embarrassment that sometimes arises in medical co-education. M. Baudouin might have also included mention of the fact that medical women in the United States are eligible to governmental appointment, and at least one woman, Dr. Sarah Hackett Stevenson, is a member of a State Board of Health which examines and licenses applicants for the right to practice.—*Jour. of the Amer. Med. Ass'n.*

A good plan is suggested by the North Carolina Board of Medical Examiners, viz: When complaints are made by candidates who fail to pass successful examinations, that the questions submitted to the applicant, together with his written answers, be published.

The Dietetic Treatment of Phthisis.

Dr. Henry P. Loomis, of New York, lays down a few valuable rules upon the proper diet of phthisis, which may be of service. He states that all consumptives pass through three distinct stages in regard to their digestive powers: 1. The period during which digestion and appetite are unaffected. 2. The period from the time when gastric disturbance first begins until the stomach refuses solid food. During this time septic infection is more or less constant, the fever intermittent, and loss of flesh generally progressive. 3. The period from the time when solid food can no longer be taken without digestive disturbance until the death of the patient.

Some of the most important rules which should govern the dietetic treatment of phthisis may be formulated as follows: 1. Never take cough mixtures if they can possibly be avoided. 2. Food should be taken at least six times in twenty-four hours; light luncheons between the meals on retiring. 3. Never eat when suffering from bodily or mental fatigue or nervous excitement. 4. Take a nap or, at least, lie down for twenty minutes before the mid-day and evening meals. 5. Take only a small amount of fluid with the meals. 6. The starches and sugars should be avoided, as also all indigestible articles of diet. 7. As far as possible each meal should consist of articles requiring about the same time to digest. 8. Only eat as much as can be easily and fully digested in the time allowed. 9. As long as possible, systematic exercise should be taken to favor assimilation and excretion; when this is impossible, massage or passive exercise should be undergone. 10. The food must be nicely prepared and daintily served; made inviting in every way. Dr. Loomis gives the following as a sample of a diet sheet in the early stages of phthisis:

On awakening—Eight ounces of equal parts of hot milk and seltzer, taken slowly through half an hour.

Breakfast—Oat meal or cracked wheat with a little sugar and an abundance of cream, rare steak, or lion chops with fat; soft-boiled or poached egg, cream toast, half-pint of milk, small cup of coffee.

Lunch, 10 a. m.—Half-pint of milk or small teacup of squeezed beef-juice with stale bread. 12 noon: Rest or sleep.

Mid-day meal, 12:30.—Fish, broiled or stewed chicken, scraped meat-ball, with stale bread and plenty of butter, baked apples and cream, two glasses of milk.

Lunch, 4 p. m.—Bottle kumyss, raw scraped beef sandwich, or goblet of milk. 5:30 p. m.: Rest or sleep.

Dinner, 6 p. m.—Substantial meat or fish soup, rare roast beef or mutton, game, slice stale bread, spinach, cauliflower, fresh vegetables in season (sparingly).—*Medical Record, March 20, 1894.*

A Mixed Marriage.

Dr. King, of Adelaide, married a Miss Norris. Shortly after the doctor's honeymoon, the doctor's son married a sister of the doctor's wife. Then a brother of the doctor's wife married the doctor's daughter. In other words, the doctor's son became his step-mother's brother-in-law, and the doctor's daughter became her step-mother's sister-in-law. The doctor, by marriage of his son to the sister of his wife, became father-in-law to his sister-in-law; and the doctor's wife, by the marriage of her sister to her step-son, became step-mother-in-law to her own sister. By the marriage of the brother of the doctor's wife to the doctor's daughter, the doctor became father-in-law to his brother-in-law, and the doctor's wife became step-mother-in-law to her own brother. The problem as to what relationship the children of the contracting parties are to each other remains unsolved.

BROOKLYN, N. Y., August 17, 1894.

The regular annual meeting of the National Society of Electro-Therapeutists will be held at the Berkely Lyceum, New York City, on Thursday and Friday, September 20 and 21. A full attendance is desired.

WM. H. BLEECKER, Secretary,
450 Essex Street, Brooklyn, N. Y.

In cases of retention of urine in young children, it is often the case that an enema, thrown into the rectum, will so stimulate both the centers for defecation and the genito-spinal center for urination, as to bring about micturition without catheterization—a proceeding always dangerous in young children unless anæsthetized.—*Gaillard's Medical Journal.*

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suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE AND LAMBERT'S LITHIATED HYDRANGEA.

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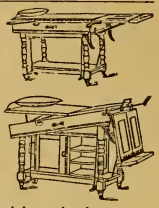

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Early Rising.

More nonsense is talked about getting up early than probably any other subject. The proper time to get up is when the sleeper is rested—neither before nor after.

There is no more virtue in the air between six and eight than between eight and ten a. m. Of course if anyone goes to bed at half-past nine at night, he does not want to rise so late as half-past nine the next day. Eight hours' sleep is, as a rule, sufficient for the hardest worker.

The safest sleeping rules are to leave the bed-room window open two inches at the top in mild weather, for the purpose of ventillation and to get up as soon as the first good wake comes.

After from six to eight hours' rest the average man and woman becomes restless. The brain regains its energy, sleep is broken, and for all practical purposes the nights' rest is over. This is the time to rise, and for a man to take, if he can stand it, a cold bath, commencing the work of the world again with the finest stimulant which he can enjoy.—*Sel.*

American and European Advantages in Medical Education.

The editor of a Western medical journal has been spending some months in England, and, in a letter to a professional friend in New York, dated July 12th, he says: "Supposing the points of excellence in a medical center for the purpose of post-graduate work to be abundance of clinical material, enthusiastic and skillful teachers, accessibility of the various hospitals, clinics, schools, or laboratories, and systematic arrangement of dates and hours so that different courses and branches can be reached in succession—then London is ahead, for instance, of New York, in only one point—that is, the first one mentioned. There is any amount of material; there is more than is necessary for teaching purposes. Upon the teaching capabilities and the other points I should not like to individualize or particularize. There are some excellent men and some admirably conducted schools and hospitals in London. But the opinion I have expressed is upon the general average, as practitioners visiting there to study find it. I met numbers of American doctors in London who, having tried both, said that

they could do better in New York. At one time there were six Americans together taking surgery at one of the greatest London hospitals, who unanimously expressed the opinion I have just stated. With the advantages now presented by New York, Baltimore, and Philadelphia, and not forgetting some rising centers farther West, there is no need for Americans to go abroad for the purpose of study. I am satisfied that fifty per cent. if not more of the trips abroad are made for *eclat*. Once change the fad and there will be a wonderful falling off in the number of medical pilgrims to Europe. And if the stream of good United States dollars, which now pours into the coffers of European hospitals and the pockets of numerous *Privat Docents* and other functionaries, was diverted to similar receptacles located on American soil, it would give a notable and well deserved encouragement and impulse to medical research and teaching on our side of the water. Our Government does not support medical schools; the profession and the public must. Americans ought to think of these things."—*N. Y. Medical Journal.*

INDIANAPOLIS, IND., August 25, 1894.

Dear Doctors—The Twentieth Annual Meeting of the Mississippi Valley Medical Association will occur in Hot Springs, Ark., November 20, 21, 22 and 23, 1894.

The Association is now in a more prosperous condition than ever before, and no effort will be spared to make the meeting at Hot Springs not only the largest but the most interesting and profitable ever held. Indeed, its success is already assured, many valuable papers by most excellent authors having been promised.

Hot Springs is an ideal place of meeting, and November in that charming Southern health resort, is the most delightful month of the year.

Socially, the visit will be enjoyable in the extreme, as the physicians and citizens with their characteristic hospitality are united and enthusiastic in their endeavors to make the sojourn of their guests pleasant.

The railroad rates will be very low and will be announced later.

You are cordially invited to be present at this meeting.

Respectfully,

FREDERICK C. WOODBURN, Secretary,

399 College Avenue.

The Treatment of Burns.

Von Bardleben (Deutsche Medicinische Wochenschrift, No. 23) states that no specific for the relief of pain of burns has as yet been discovered. The author's present method of treatment is as follows:

After carefully cleaning the burned area, it is irrigated either with a three per cent. carbolic solution or a thirty per cent. salicylic acid solution. Sublimate lotions are avoided because of the great pain they produce.

After all the blebs are opened, the entire surface is covered with powdered bismuth; over this cotton is applied. This absorbs any discharge, and fully protects the burned surface from the air. The cotton may be sprinkled with a powder composed of equal parts of bismuth and starch.

This dressing may be allowed to remain from one to three weeks, according to the case. In cases of burns about the face it is only necessary to cover the burned parts with the powder, the bandage being omitted because of the discomfort it occasions.

Under this treatment the author has seen children recover where two-thirds of the body were involved.

Von Bardeleben thinks the bismuth probably exerts some influence in preventing intestinal complications, as in one hundred cases treated in this manner only two had blood in their stools. In using the bismuth, there is no danger of intoxication from absorption, even in cases where it is extensively applied. By the antiseptic treatment secretion is greatly diminished.—*Therapeutic Gazette.*

Destiny of the Enlisted.

Science knows no resting place. Her march is ever onward. He who accepts a commission in the grand army of searchers after truth, of delves into the hidden mysteries of science's laboratories, he who would become a man among men, a physician among physicians, something greater than a mere dispenser of physics and potions, must spurn the bridges of idleness and indifference, and push ever up that earnest, honest and unconditioned path, which has led and will always lead to the front ranks of his profession.—*Exchange.*

Security Against Imposition.

This heading is suggested by and is particularly applicable to the new advertisement of the Antikamnia Chemical Company, which appears in this issue. Antikamnia, while not suffering anything like other standard preparations from substitution, has still found it in some few instances. To the end, therefore, that there may not be even the breath of suspicion against Antikamnia, as well as to give every doctor the fullest confidence, the company has gone to the expense of withdrawing all the old stock from the market and replacing it with new. In the new form the drug is identically the same chemically and medicinally as it always has been, but every tablet bears imprinted upon it a monogram. (See advertisement.) Every package of Powder or Tablets is so wrapped and sealed, and resealed as to render counterfeiting impossible. The entire profession should insist upon the safeguards provided, and there can be no question but this action will be regarded with great favor by them.

The latest edition "Antikamnia and Codeine" tablets, can be obtained direct, or from your druggist. Each tablet contains 4¾ gr. Antikamnia and ¼ gr. Codeine.

How to Arrest a Boil, Carbuncle or Malignant Pustule.

Dr. P. C. Barker writes to the Medical Summary that he has used the following procedure for many years, with unvarying success: Take a large hypodermic syringe, holding, say, half an ounce, fitted with a small needle. Fill it with a one to 500 solution of mercuric chloride, insert the needle into one of the peripheral openings, in case it is a carbuncle, and wash out the little cavity. Then direct the needle towards and into the surrounding induration and force a little of the solution into it. Treat every opening and its corresponding peripheral circumference in the same manner, carefully weighing out the necrosed connective and other tissues that have become separated. Repeat this daily with the solution, gradually reduced to one-half the original strength, until all indurations have disappeared and granulations have begun to appear. If the first injection be thoroughly performed, the spread of the carbuncle will be arrested at once, and there will be no more pain. The same treatment is applicable to the little furuncles that invade the meatus auditorius externus, and the inner surface of the alæ nasi.

OVARINE.

(HAMMOND)

The emotions in women are largely influenced by the ovaries, and the ovaries are in turn decidedly influenced by the emotions. Professor Skene states that grief, fear. anger, and even great joy are capable of arresting menstruation.

. . . "In order to maintain harmonious action of the whole organization it is necessary that the ovaries shall exist in full development and functional activity. On the other hand, these organs, which are essential to the well being of the individual, must, when diseased, exercise a potent influence in deranging the brain and nervous system."

Professor William A. Hammond has made the important discovery that the sterilized extract of the ovaries of the common pig contains the animal extract required to specially nourlsh the human ovaries and restore them to normal activity."

STANBERRY, MO., May 15, 1894.

"A highly intelligent lady, age 26, affected with sterility due, according to my opinion, to defective nutrition of the ovaries, had not manstruated for five months. I put her on Ovarine, five minims, once a day. Menses established free, normal as to quality and quantity, in three weeks. I shall continue the Ovarine until the patient becomes pregnant and shall then make further report." I am, etc., E. HOUSTON, M. D.

The use of OVARINE is of great value in the treatment of those nervous disturbances dependent upon ovarian irritation. It is to be recommended in—

1. Congestion of the ovaries.
2. Chronic inflammation of the ovaries (oophoritis).
3. Imperfect development of the ovaries.
4. Neuralgia of the ovaries.
5. Amenorrhœa, caused by ovarian derangements.
6. Chlorosis.
7. Hysteria.
8. Nervous prostration (Neurasthenia).
9. Sexual frigidity.
10. Sterility.
11. Irritability.
12. Morbid appetite.

It is preferably administered in hypodermic injections of five minims, but a like quantity can be taken dropped upon the tongue.

The use of OVARINE is one of the most important discoveries of these times. and is destined to attract very general and very favorable comment.

Price. per Phial of 2 Drachms, $2.50.

COLUMBIA CHEMICAL COMPANY, Washington, D. C.

Wholesale Agent, JOHN H. FRANCIS, 83 John Street, New York.

THYROIDINE.

(HAMMOND)

THYROIDINE is the extract of the THYROID GLAND of the OX, and is prepared according to Dr. Wm. A. Hammond's formula by maceration of the fresh organs for over a year in an antiseptic mixture of glycerine, solution of boric acid and alcohol.

This preparation possesses all the Physiological and Therapeutical properties of the fresh glands, as ascertained by MacKenzie and others, and is preferable, inasmuch as it does not deteriorate with the lapse of time.

It is of positive therapeutic value in Myxœdema Exophthalmic Goitre and Eczema and probably in other diseases attended with a depraved condition of the system.

The dose is five minims, two or three times a day.

Its action should be carefully watched, as some persons are exceedingly sensitive to its effects, though it is confidently believed from a large experience that the dose advised will never, in adults, produce alarming symptoms, though they are almost always decided in character.

Price, per Phial of 2 Drachms, $2.50.

COLUMBIA CHEMICAL COMPANY, Washington, D. C.

Wholesale Agent, JOHN H. FRANCIS, 83 John Street, New York.

GOODELL

LESSONS IN GYNECOLOGY.

By WILLIAM GOODELL, A.M., M.D., etc., Professor of Clinical Gynecology in the University of Pennsylvania.

This exceedingly valuable work, from one of the most eminent specialists and teachers in gynecology, embraces all the more important diseases and the principal operations in the field of gynecology, and brings to bear upon them all the extensive practical experience and wide reading of the author. It is an indispensable guide to every practitioner who has to do with the diseases peculiar to women. THIRD EDITION. With 112 Illustrations. Thoroughly revised and greatly enlarged. Royal octavo, 578 pages.

Price, in extra Cloth, $5.00; Full Sheep, $6.00, Discounts 20 per cent., making it, net, Cloth, $4.00; Sheep, $4.80. Postage, 27 cents extra.

It is too good a book to have been allowed to remain out of print, and it has unquestionably been missed. The author has revised the work with special care, adding to each lesson such fresh matter as the progress of the art rendered necessary, and he has enlarged it by the insertion of six new lessons.—*American Journal of Obstet.*

Extended mention of the contents of the book is unnecessary; suffice it to say that every important disease found in the female sex is taken up and discussed in a common-sense kind of way. We wish every physician in America could read and carry out the suggestions of the chapter on "the sexual relations the causes of uterine disorders—conjugal onanism and kindred sins." The department treating of nervous counterfeits of uterine diseases is a most valuable one. —*Kansas City Medical Index.*

THE F. A. DAVIS COMPANY, Publishers,

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SENN

PRINCIPLES OF SURGERY.

By N. SENN, M.D., Ph.D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago, Ill.; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Milwaukee Hospital; Consulting Surgeon to the Milwaukee County Hospital and to the Milwaukee County Insane Asylum.

This work by one of America's greatest surgeons, is thoroughly COMPLETE; its clearness and brevity of statement are among its conspicuous merits. The author's long, able, and conscientious researches in every direction in this important field are a guarantee, of unusual trustworthiness, that every branch of the subject is treated authoritatively, and in such a manner as to bring the greatest gain in knowledge to the practitioner and student.

In one Royal Octavo volume, with 109 fine Wood-Engravings and 624 pages.

Price, in extra Cloth, $4 50, net; Sheep or Half-Russia, $5.50, net.

STEPHEN SMITH, M.D., Professor nf Clinical-Surgery Medical Department University of the City of New York, writes: "There has long been great need of a work on the principles of surgery which would fully illustrate the present advanced state of knowledge of the various subjects embraced in this volume. The work seems to me to meet this want admirably.

FRANK J. LUTZ, M. D., St. Louis, Mo., says: "It seems incredible that those who pretend to teach have done without such a guide before, and I do not understand how our students succeeded in mastering the principles of modern surgery by attempting to read our obsolete text-books. American surgery should feel proud of the production, and the present generation of surgeons owe you a debt of gratitude."

The work is systematic and compact, without a fact omitted or a sentence too much, and it not only makes instructive but fascinating reading. A conspicuous merit of Senn's work is his method, his persistent and tireless search through original investigations for additions to knowledge, and the practical character of his discoveries.—*The Review of Insanity and Nervous Diseases.*

The work is excellently practical, as the chapters on the treatment of the various conditions considered are based on sound deductions, are complete, and easily carried out by any painstaking surgeon.—*Med. Record*

The book throughout is worthy of the highest praise. It should be adopted as a text-book in all of our schools.—*University Medical Magazine.*

THE F. A. DAVIS COMPANY, Publishers,

1914-16 CHERRY ST., PHILADELPHIA.

Absurd.

The height of absurdity has apparently been reached in microbiology. For some months the medical press, from the highest to the lowest, and of all classes and varieties, has teemed with "little songs" emphasizing the danger of microbes on bank notes, on coins, on postal cards, in the dextrin employed to seal envelopes and to gum the backs of postage stamps, even on the stamps and envelopes themselves—and all to what good ?

It is unbecoming in any reputable scientific journal to burden itself with repetition of such trash—trash which serves no earthly purpose, and that can only supply the place of a "bugaboo" to be employed in frightening imbeciles and children ?

People must have all these things—bank notes, coins, postal cards, envelopes, postage stamps—microbes or no microbes ; and there is no evidence that garms produce, *de fecto*, any disease. Such is only a surmise without any definite proof, in spite of the many positive assertions that have been and are being promulgated. The microscope has not yet superseded pathology, and probably never will.

Money, postal cards, etc., can not, with each handling be subjected to high-heat sterilization, rendered immune by bichloride or by any other of the accredited methods. Consequently the constant repetition of such "scares" is puerile, and if the publicity given is with a view to securing personal popularity, and aspect thereof is truly assinine.—*Med. Age.*

The era of depression that has prevailed in this country for more than a year is, we think, about to end. In a very short time we expect to see factories running that have long been idle. There is every reason to give encouragement to this belief. The crops, over the length and breadth of the land. have been exceptionally large and of good quality. There is an abundant supply of money to be had. Banks are filled with funds seeking investment. The wholesaler and jobber are carrying about two-thirds of the stocks they generally do ; the retailer has been buying "from hand to mouth," or just as little as he could and do any business at all. The consumers are about out of everything and will be compelled to lay in supplies. As soon as Congress settles the tariff bill, business will begin to improve.—*Indiana Pharmacist.*

The Drinking Treatment of Typhoid.

Some years ago M. Debove recommended the use of large amounts of water internally in typhoid fever. "I make my patients drink," he said; and this was his chief special treatment. The object was to dilute the fluids of the system and wash out the toxines in the blood and intestinal canal. M. Lichteim adopted this treatment and reports nine successful cases. Recently M. Maillart, of Geneva, has made an elaborate study of this mode of treatment, reporting fourteen cases in detail, of which one died. (Revue de Medecine, November, 1893, and March, 1894.) Maillart thinks that the water drinking method should be "erected into a special method of treatment." In order to secure the proper results the patient must drink five or six litres (quarts) of water a day. There is no contra-indication for the use of water in this way, for it does not weaken the heart, but has rather the contrary effect. The results obtained are a progressive lowering of the fever, a disappearance of dryness of the mouth, a marked sedation of all the nervous symptoms, and an improvement in the action of the heart and kidneys. There is an abundant diuresis and an unusual increase in the perspiration. Urea is carried off in large amounts. The treatment does not shorten the course of the disease, but simply makes it easier and less fatal. Patients, we are told, take kindly to this method. The typhoid patient takes usually six to eight glasses of milk daily, and if to this are added ten to twelve glasses of water, the diluent effect should be very great.—*Ed. Med. Rec.*

A Very Acute Disease.

During the trial of the alleged poisoner, Dr. Henry Meyer, before Recorder Smythe in New York City, Dr. O'Sullivan, the famous doctor-lawyer, brought out the following in his cross-examination of a medical expert witness:

"Are there no diseases that cause death and yet leave no lesions on the organs?" asked Dr. O'Sullivan.

"Yes."

"Tell the jury some."

"That would be pretty hard."

"Is an electric shock one?"

"Yes; an electric shock would produce death without lesions."

"Is an electric shock a disease?" queried Recorder Smythe.

"Oh, I guess so," answered the witness.—*Electric Review.*

The Treatment of Pleurisy.

In a discussion held on the paper read by Dieulafoy before the Academy (Bull. de l' Academie de Medecine, April 26th, 1892), Alph. Guerin said that inflammation of the serous membranes could be defined as "an exaggerated invasion by the elements of the blood of the lymphatic territory." The continuity of the arterial with the lymphatic system permits us to observe upon the pleura a phenomenon similar in every respect to a pleuritic effusion; that a lymphangeitis or a plethora of the lymphatic vessels interferes with the capillary circulation, giving rise to sanguineous and fibro-serous exudations. If acute pleurisy were treated by bloodletting, blisters, etc., according to the method of Laennec and his followers, there would be scarcely any occasion for the practice of thoracocentesis; and that, finally, the frequent occurrence of empyema was not due to the piercing of the pleura, but to the lack of employing at the beginning of the pleurisy an active and rational therapeutic course.

Peter said that an effusion may be interfered with or prevented; that a moderate exudation (from 500 to 1000 grammes, for example) is a condition that calls for revulsion, and that thus the piercing of the thorax might be avoided, especially if the disease has not yet reached the twentieth day; that if the exudation is considerable (say from 1800 to 2000 grammes), thoracocentesis should be practiced after the twentieth day, and better by aspiration. The speaker, therefore, agreed in all points with Dieulafoy.

Germain See condemned blistering.

To Abort Syphilis.

Bichloride of mercury (10 grs. to ʒ j) painted on a chancre as soon as it appears, kills all specific germs, and there will be no systematic manifestations. Then you only have a local sore to heal. So says the Medical Summary.

Dr. Paul Garnier, of Paris, has made a special study of those slum children that are the offspring of habitual drunkards. He says: "There is a flaw in the very nature of these young wretches that the psychologist sees clearly and notes with apprehension—the absence of affectionate emotions," and where they do not become lunatics they show "insensibility and pitilessness."—*Ex.*

How to Make Executed Criminals Useful.

An exchange reports that the blood of those poisoned with hydrocyanic acid can be used as an excellent red ink, and that this will not require antiferments nor any other preservative. If this is really so, then jails might have an ink factory run in connection with their judicial life endings; but as the after-life of the converted would be a respectable and cheerful sort of a lot, the hydrocyanic route should be only chosen for such as the court would feel were entitled to some clemency. Political thieves, boodlers, and such should, in their turn, be converted into glue, gelatine, vaseline, and such other menial compounds. Bottles containing this crimino-anthropological red ink, with the manufacturers trade-mark and a view of the taking-off place of the victim upon them, would have a beneficial and restraining effect upon the morals of bank officials, prospective defrauding cashiers, and others who use red ink.—*Southern Clinic.*

Notice.

A palatable preparation of iron that is at the same time readily soluble, easily assimilated, and that does not constipate, has been the desideratum of physicians for all time, and many compounds have been devised without being able to fill ail of these requirements.

It is natural to suppose that any physician who keeps abreast with the times, and is interested in the advances made in pharmaceutical preparations, will eagerly avail himself of the opportunity to obtain samples of an iron preparation that possesses the above requisites besides being neutral in reaction, agreeable in odor, non-styptic and non-poisonous even in large quantities. Hæmoferrum (Blood Iron) manufactured by Frederick Stearns & Co,, Detroit, Mich., is the preparation referred to, and the manufacturers will be pleased to mail a sufficient quantity for a thorough clinical test to any physician who is unacquainted with it, together with full literature and clinical reports.

Hæmoferrum is put up in pilloids (flat pills) and sold only in flasks of 100, and Messrs. F. Stearns & Co., will mail a full sized package, postage paid, to any physician who will remit ten cents to cover the expense of forwarding, Write them.

IATROL

Chemical Constituents. INODOROUS and NON-TOXIC Succedanum for Iodoform. A definite chemical product of known therapeutic value. An Oxy-Iodo-Methylo-Analide.

Physical Properties. An impalpable white powder, anaesthetic, slightly astringent, and of acid taste, unaffected by light or heat; will not decompose under action of metallic oxides, salts of murcury or alkalies.

Therapeutic Properties. Aseptic, antiseptic, germicide and a powerfu cicatrizant.

Sample sent free of charge to physicians on application.
We also prepare Iatrol Moist Gauze 10 per cent., in yard and five yard jars.

CLINTON PHARMACEUTICAL CO.
Sole Manufacturers, SYRACUSE, N. Y.

The World's Antipyretic, Analgesic and Anodyne

ANTIDOLAR

A Grand Substitute for Morphia.

AN ENTIRELY NEW COAL TAR DERIVATIVE.

EXCELLENT in La Grippe and all kinds of Headache. SAFE and SURE. Relieves Sciatica, Myalgia, Hemicrania, Typhoid Fever, and troubles due to Irregularities of Menstruation. WORKS LIKE A CHARM.

Put up for Physicians in two forms—POWDERED AND 5 Grain TABLETS. Samples of each sent on application.

Trade Supplied by United States and Canada Jobbers.

THE ANTIDOLAR CHEMICAL CO., SPRINGFIELD, ILLINOIS.

A Vitalizing Tonic to the Reproductive System

SANMETTO

—FOR—

GENITO - URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant romati c Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility, Difficult Micturition—Urethral Inflammation, Ovarian Pains—Irritable Bladder.

Positive Merit as a Rebuilder.

DOSE:—One teaspoonful four times a day.

OD CHEM. CO., New York.

Metcalf's Coca Wine.

ALWAYS UNIFORM, THEREFORE ALWAYS RELIABLE.

FOR FATIGUE OF MIND OR BODY.

Made from fresh COCA LEAVES and the purest WINE.

—RECOMMENDED FOR—

Neuralgia, Sleeplessness, Despondency, etc.

As a Tonic and Invigorator it is always Safe, Agreeable and Certain, being prepared with the utmost skill and precision from the freshest Coca Leaves and the purest Wine obtainable.

RINGER recommends COCA LEAVES as of great value in Febrile Disorders, by restraining tissue metamorphosis, and for the same reason in Phthisis. For their decided and antispasmodic qualities, they have been successfully employed in Typhus, Scorbutus, Gastralgia, Anaemia, Enteralgia, and to assist digestion.

COCA WINE is probably the most valuable Tonic in the Materia Medica, when properly prepared. With stimulating and anodyne properties combined, Metcalf's Coca Wine acts without debilitating, being always uniform and therefore absolutely reliable. For Athletics it is invaluable in imparting energy and resisting fatigue. Public speakers and singers find it indispensable as a "Voice Tonic," because, being a "tensor" of the vocal chords, it greatly strengthens and increases the volume of the voice; and to the elderly it is a dependable aphrodisiac, superior to any other drug.

PHYSICIANS' SAMPLE BOTTLES, by express, carriage prepaid, upon the receipt of ONE DOLLAR.

DR. ARCHIBALD SMITH—"Peru as it Is"—states that "Coca" increases energy, removes drowsiness, enlivens the spirits, and enables the consumer to bear cold, wet, great bodily exertion and even want of food, to a surprising degree, with ease and impunity.

Theodore Metcalf Co.

39 Tremont Street, BOSTON, MASS.

ESTABLISHED 1837.

The Therapeutic Use of Hypnotism in Insane Asylums.

Professor Binswanger (Therapeutische Monatshefte, March and April, 1892) reviews the whole literature of the use of hypnotism in treating the insane. Many of the reported cases he finds are open to criticism; in some the diagnosis was evidently not correct or exact, and in others the reported cures were of too short duration to be of great value. But even if all that its most enthusiastic supporters claim for hypnotism in this field is true, the total results are small, indeed, for the time and effort put forth. The patients benefitted were almost, if not exclusively, victims of hysteria. Occasionally the efforts to hypnotize have produced convulsions and other active symptoms. This fact has led Binswanger to urge that hypnotism should always be used most carefully, as a dangerous remedy, whose precise action cannot be predicted. He has also found that long-continued use of hypnotism renders the patient feebler in intellectual force—mentally weary. One patient would often fall into lethargic sleep in the daytime, and also have attacks of spontaneous hypnotic sleep. The skilful use of hypnotic suggestion has a marked success in a number of cases of melancholia, chronic alcoholism, and all the varied forms of hysteria. They constitute the whole range of its usefulness so far.

Binswanger wishes there might be many experiments in the German institutions to pursue these investigations with clear, unbiased minds, without prejudice, and equally without misjudged enthusiasm.—*Therapeutic Gazette.*

For Acne and Comedones.

Dr. Joseph Spaulding, in Medical World, says: I have found by actual treatment in numerous instances of acne or comedones that an ointment of red iodide of mercury and vaseline, made up in the proportion of two to ten grains to the ounce, has been a sure cure in all cases where used with perseverance in the following manner:

First wash the face thoroughly with some non-astringent soap and warm water; after drying the flesh, apply by thorough rubbing, to all diseased places, the ointment once a day. This treatment should be kept up for at least a month or until every remnant of the disease has disappeared. The ointment should be made very mild for delicate, thin skin, but hard, thick, dry flesh will often require the full strength of ten grains to the ounce. If made too strong it will blister the surface.

Obesity.

A. Dietrich, M. D., of Durfur, Oregon, in the Medical Sentinel, writes: In the same degree as the æsthetic sense is cultivated and beauty is admired, of which obesity is *au contraire*, the physician is confronted with the task of "shaping down" a surplus of adipose tissue in the male as well as in the female. Most of the recommended drugs are either quite doubtful in their action, or, for various reasons, undesirable, especially the iodine preparations, and no doubt many of the profession have become disgusted with the task imposed upon them, and will firmly declare that diet is the only means of bringing about a reduction of corpulency. While on one hand it cannot be denied that a proper course of dieting will reduce obesity, it is, on the other hand, quite evident that circumstances will not always permit such a dietic course of treatment; and again, that this method will not tend to beautify the appearance of the individual, but cause wrinkling of the integument and thereby the appearance of premature age, and what I have particularly observed in my own case, a very marked alopecia. Therefore, this method may as well be classified as undesirable, inasmuch as the main object is not attained, i. e., æsthetic improvement of the person.

What now? Now comes the puzzle. Shall we abandon the idea of all medicinal or any other treatment, or continue to give newly recommended agents for the diminution of corpulency, a fair trial? I decided for the latter, and am pleased to say that I have no cause to regret it. About a year ago my attention was called to "Phytoline," the active principle of "phytolacca decandria"—pokeberry—a preparation offered by the Walker Pharmacal Company, of St. Louis, Mo., as an ideal "anti-fat." Though I had my doubts as to the merits claimed for the preparation, I took occasion to test the same, and in the following you will allow me to quote the results:

My own case.—September, 1893, weight 293 pounds; circumference of chest, 49 inches; of abdomen, 48 inches; respiration difficult; slightest exertion would cause quite distressing palpitation of the heart; constant feeling of impending danger. Commenced taking Liq. Potassæ ʒi. thrice daily, post-cite, and continued for one month; no result. October 15, commenced taking Phytoline, Mx. in water, ante et post-cite, making ʒi. daily. November 1,

weight, 287 pounds; decrease 6 pounds. January, 1, 1894, weight 282 pounds; decrease 5 pounds. February 1, 283 pounds; gain 1 pound. From this time I absolutely, till this day, avoided all alcoholic beverages, continuing Phytoline, increasing the dose to Mxx. in hot water, same as before, making ʒii. daily, and the general improvement was wonderful. March 1, weight, 271 pounds; decrease 12 pounds; respiration free and easy; no palpitation of heart; enjoyed long walks, etc. April 1, weight, 261 pounds; decrease 10 pounds; circumference of chest, 46 inches; of abdomen 41½ inches; am able to move with rare activity, without getting tired; feel splendid, and once more I am able to buy ready-made inexpressibles at any clothier's.

Case 2.—Mrs. M., aged 47, height 5 feet 5¼ inches; weight 214 pounds. Commenced taking Phytoline April 13, 1894. On that day she presented a miserable appearance; said she could not sleep; had to sit up in bed or would have smothering spells. During the day the lower extremities would swell to enormous size, and, to use her own language, she "felt too lazy to eat." Ordered Phytoline, Mxv. in hot water, before and after meals, making ʒiss. per diem. She improved rapidly; has now taken nine bottles of Phytoline and has lost 33 pounds, her present weight being 181 pounds. Accordingly she looks and feels much better, and will continue to take Phytoline.

In conclusion would say that Phytoline is not disagreeable to take, as, for instance, the fl. ex. fucus vesiculosus bladder wrack. Its taste is slightly acid and the drug can be borne by the most sensitive stomach.

The Therapeutical Virtues of Sanmetto.

In just appreciation of the therapeutical virtues of Sanmetto, I have to state that in several cases of prostatitis, atony of the urinary bladder, loss of semen and sexual capacity, I have tried the preparation, and in every instance my patients have derived some benefit from its use. I shall continue to commend Sanmetto to my patients in the like afflictions, with perfect confidence.

LOUIS BAUER, M. D., M. R. C. S. Eng.
Prof. of Surgery, etc., St. Louis College Phys. and Surg.
St. Louis, Mo.

"Pretty as They Are Useful."

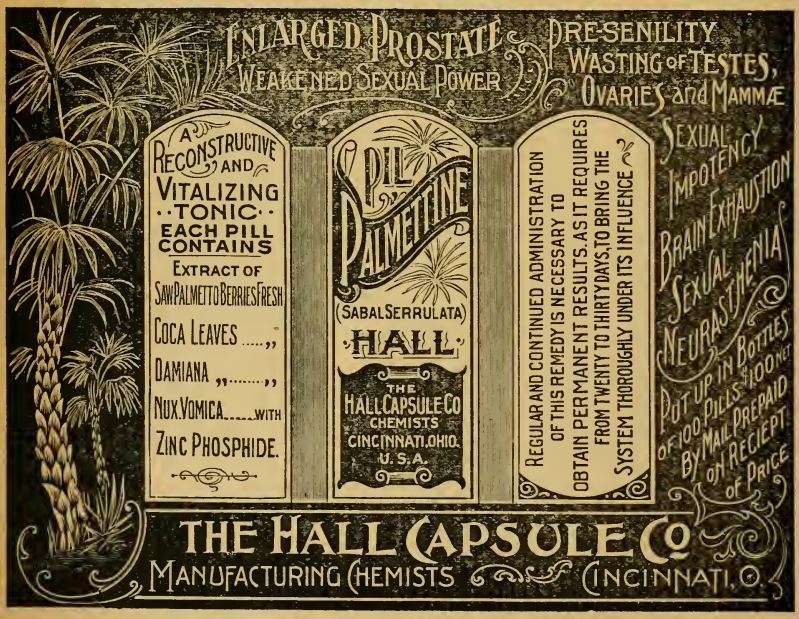
SPRINGER, N. M., December 11th, 1893.

The Hall Capsule Co., Cincinnati, O.:

Gentlemen—I received the 1000 Ruby Capsules sent me by mail sometime since, and am very much pleased with them. They are pretty as they are useful, are excellent in quality, and the most convenient means I have ever seen where two kinds of medicine are given in capsules to be taken in alternation. I enclose postal note, one dollar. Kindly mail me another 1000 of the No. 2.

Yours, etc., L. HINES, M. D.

Specify "THE HALL CAPSULE CO." in ordering.



Medical Expert Testimony.

In the deposition of this doctor who had qualified as an expert occurs the following:

How long have you been practicing medicine?

For the past thirty years.

Where did you graduate?

I never graduated; don't see any use in it.

How many bones, doctor, have we in the wrist?

Only one.

What is that bone called?

The nuptial bone.

How many bones have we in the forearm?

One.

What do you call it?

The meridian bone.

How many bones have we in the thigh?

One bone.

What do you call that?

Call it the curb bone.

Are you not in error both as to the number and the names of these bones? Have we not eight bones in the wrist joint, not to speak of the radius and ulna which form the articulation of the joint?

That mought be; but during the war my books got burnt, and I haint had any since.

Another illustration in the same case: The expert in wit perhaps if not in knowledge in the matter in issue, who appeared to find most favor in the eyes of the jury, answers as follows:

Are you a surgeon?

Yes, sir.

Is it necessary for a surgeon to understand anatomy?

Yes, sir.

How long is the spinal cord?

I don't know.

Where does it begin and where terminate?

I don't know.

How much does it weigh?

I don't know.

The attorney becoming annoyed at the nonchalance with which

the doctor confessed his ignorance asked with some asperity: Does it run up and down, crosswise, diagonally, or how?

The doctor winked at the jury and answered: I think so.

The attorney changing tactics, and in the blandest tones, asked: Doctor, you claim, I believe, to be a good surgeon and a good anatomist?

Yes, sir.

What is the flexor accessores seu massa carnei Jacobis Sylvii?

The doctor said quickly, I declare I don't know, unless it is an inquisitive lawyer.

And still the verdict was for a good amount.—*Med. Review.*

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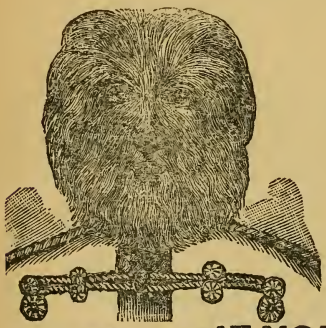

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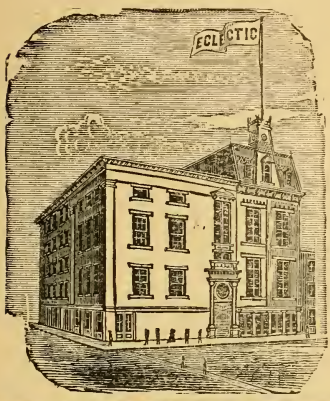

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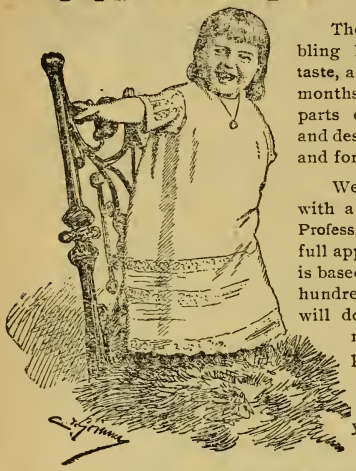

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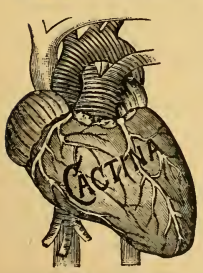

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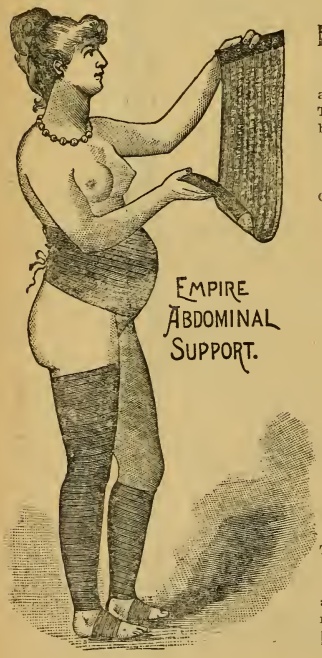

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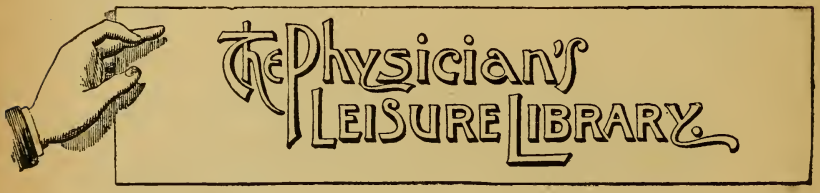

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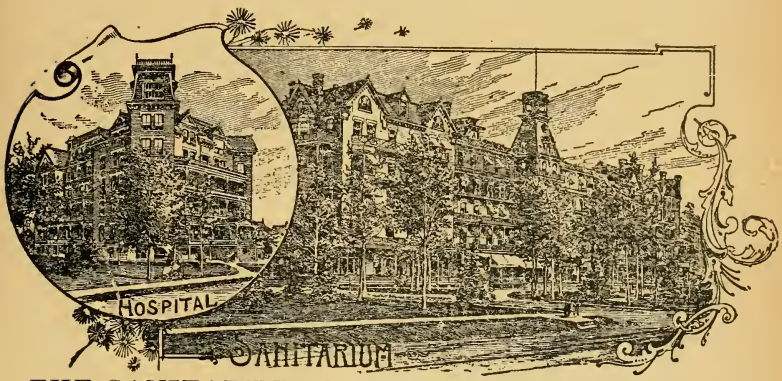

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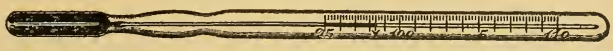

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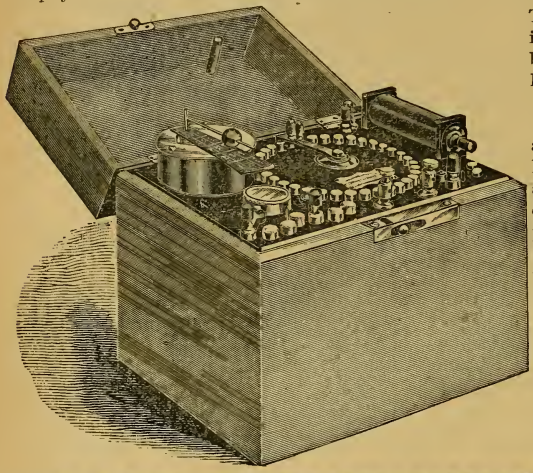

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The Charlotte Medical Journal.

VOL. V. CHARLOTTE, N. C., OCTOBER, 1894. No. 4.

The Revival of Leprosy.

By S. J. MONTAGUE, M. D., Winston, N. C.

Written for this Journal.

At the June meeting of the Orleans Parish Medical Society of New Orleans, La., Dr. Isadore Dyer, Dermatologist to Charity Hospital, read a report for the Committee on Scientific Essays, on the subject of "Leprosy in Louisiana," which was received and endorsed by the Society and which has attracted attention far and wide, not only of the profession but of the laity.

In view of the facts set forth in this report and a pamphlet, which were kindly furnished me by Prof. Dyer, it seems meet for the profession to awake and inform themselves concerning a disease probably looked on, by some of us, as almost extinct, and as belonging only to the long-time ago. Such is the diffusion of scientific news and information that the physician who does not read, may find himself picked up in his own domain much to his discomfiture.

A few days ago there appeared in one of the New York dailies an half-page illustrated article setting forth the alarming increase and prevalence of Leprosy in the Hawaiian Islands and the difficuly of enforcing the law for its segregation. It appears that in spite of an exceptionally salubrious climate, and people of robust physique, in the short period of about thirty years, ten per cent. of the natives of these islands have leprosy at the present time, and considering its incurableness, unless something can be done to stop its ravages, their complete extinction is only a question of comparatively short time. Leprosy was the greatest disease of ancient times. It existed in Egypt B. C. 1500, and the Israelites, in the exodus, took it with them to the wilderness and Palestine. In the 13th and 14th chapters of Leviticus, Moses describes it, and his sanitary regulations reflect the state of Egyptian medical science of that remote period. Through all the centuries to the birth of Christ it held its own and was a sore plague in Palestine during the life of our Lord, and His miraculous cures of this otherwise incurable disease did much to inspire the people with faith in His divinity.

That remarkable movement of the people called the crusades, caused the spread of leprosy over western Europe, when vast numbers, including royal persons, were attacked, so much so, that leper houses, generally called after Lazarus, were established in every large town, the number of

such being estimated at nearly twenty thousand. After ravaging Europe for about three hundred years, it began in the 15th century to decline, and in the 17th had almost disappeared. This happy result was not merely a natural subsidence, but was no doubt due to severe laws which compelled, among other things, every leper to wear a long gray gown, with a hood drawn over the face and to carry a clapper to give warning of their approach. They were not allowed to enter churches, hotels, mills or other public places, or to touch healthy persons or even to walk narrow lanes or to bathe in streams. Crude and cruel as these 17th century methods of extermination were they were more effective and suitable to the times than what we have now. According to Dr. Dyer's report there are now in the State of Louisiana over one hundred lepers, representing various classes of society, from teachers to beggars, living without pretense of isolation, "mingling with the community, sharing seats at the theatre and at the public restaurants." A "shed" covering about a dozen unfortunate lepers is the only attempt at isolation, and the negro lepers being excluded from this, probably the greatest source of contagion and spread of the disease is left unguarded. When we consider with what rapidity and ease, by modern methods of locomotion, people, even of no means, can and do move from one part of the country to another, and especially the proneness of negroes to do so, we cannot overestimate the danger from this source to the whole country. I am glad the report states that at last there is some intention on the part of the legislature to take action in the care of these dangerous and unfortunate persons. While we often think of leprosy as a disease of hot climates, it is not confined to any latitude, but prevails from the far northern Norway to equatorial Brazil and is at this time endemic in every continent in the world and in many islands of the Pacific, Atlantic and Indian oceans. In our own country it is endemic in Louisiana and Minnesota and prevails to some extent in New York, Texas, California and South Carolina. In Cuba and Brazil there are special hospitals for its treatment. Mohammedans are said to suffer less from it than Christians, which may be due to the formers abstinence from alcoholic drinks and greater attention to personal cleanliness. The odor of a leper, even when not in a state of ulceration, is like that of a dead rat in a state of decomposition. It is estimated that there are now over (500,000) five hundred thousand lepers in the British Empire. In New Caledonia out of a population of forty thousand (40,000) five thousand, or one-eighth, are lepers. Leprosy, so called from the Greek word lepos, scale, is an endemic, chronic, contagious, malignant, constitutional and probably hereditary disease, manifesting itself by morbid changes in the functions of the nerves and also the appearance of the skin and mucous surfaces, and by disease of the bones and all internal organs, causing in different cases, great tenderness, loss of feeling, wasting away, ulceration, gangrene, deformity and death. The researches of Hansen have proven the existence

of a special and definite cause, in the bacillus lepræ, 1-5000 of an inch in length, and much resembling the bacillus tuberculosis, except it is pointed at the ends, and it is in striking contrast to the bacillus syphilidis which has a rounded head at one end. With these differences there is much similarity in the cylindrical bacilli of these three well defined diseases, which is worthy of note, because there is a striking similarity in leprosy to syphilis and to tuberculosis. One of the great dangers of leprosy consists in the very great tenacity of life of its germ, which resists in some instances, for years, the vicissitudes of climate and weather. It is not actively contagious, like small-pox, but seems to require a peculiar state of receptivity for its introduction, and actual contact of the bacillus lepræ to an exposed surface. Practically there are only two kinds of leprosy, the *tuberculous*, in which the disease attacks the skin, mucous surfaces and glands, and the *anæsthetic*, in which the nervous system is the chief sufferer, but frequently no exact line separates these, and sometimes both kinds are present in the same person. The prodromic symptoms are a general bad feeling, loss of appetite, nervous prostration, sleepiness, irregular attacks of fever, and pains in the bones. Watery pimples appear on the face, and a peculiar and sure sign, taken with others, is the deep flushing or purpleness of the face after drinking spirits. Signs of scurvy appear, as soreness of the gums, peeling off of the skin from ends of fingers and toes, with loss of feeling and shedding of toe and finger nails, and tenderness of the skin and pain along the course of the nerves.

Dark colored blotches and lumps appear on the skin, at first very tender. A favorite seat of these is on the face, nose, eyes and ears rendering the victim exceedingly repulsive, and giving that characteristic appearance called leonine. The ulceration of the mouth, nose and throat cause the loss of voice and smell. The lumps under the skin ulcerate and healing, leave colored spots, which change to white and when these exist generally over the skin constitute "white leprosy." These spots are sometimes completely without feeling and may be stuck with a knife without pain. Large swellings of joints appear and ulcerate, causing the fingers and toes and even hands and feet to drop off.

The glands all over the body become enlarged and transformed into hard knots. Even after the disease has proceeded this far it may become stationary and the general health good, with the mind unimpaired and the leper may be deluded into a hope of cure, but certainly, after a time the disease-process begins anew, the skin is first destroyed, the muscles and ligaments invaded, the joints opened, and finally, after a period varying from two to twenty years, if not cut off by some intercurrent disease, as pneumonia, Bright's disease, &c., the victim dies of starvation.

In its manifestation leprosy is much like the combined effects of four of the most terrible diseases of modern times, namely: consumption, syph-

ilis, cancer, and chronic alcoholism. As to the treatment, while a few recover, it is as a rule incurable.

So great is the tenacity of life of the bacillus lepræ, that it is said to flourish in the dead body after burial. Probably thousands of remedies have been tried, but nothing specific holds place to-day in its therapeutics.

Segregation and separation of the sexes seem the only reasonable and most hopeful way of dealing with it. This should be rigidly enforced by the Federal government for the general good, the States acting in accord. The disease can be greatly ameliorated by removal to suitable climate, enforcement of best sanitary regulations and applied therapeutics.

Headache.

By B. Ray Browning, A. B., M. D., Littleton, N. C.

Written for this Journal.

Who in this world has not at some time suffered from this malady we call headache? I have known but two men in my life who have never known what a headache was, and yet it is a very common thing to have. With some persons it is as much a part of their being as the clothes they don. One of the men I have reference to is a section-master on a well-known railroad, exposed to all sorts of weather, chews tobacco, smokes tobacco and I came near saying eats tobacco, yet headache and he are strangers. Many a doctor is consulted with reference to headache and being told, "Oh, it is nothing; little indigestion, or liver out of order; here, take this." The poor patient planks down his money, takes the pills and departs happy to know the headache he has had for two weeks will soon be among the things of the past. He takes the pills as directed and reports to his physician the day after that no relief has come. "My head," says he, "nearly aches off; all the top of my head aches—just feel how hot." The doctor places his hand there, only to feel the normal heat, and directs his patient to take more of the same pills. With this injunction the patient consults another physician, who sifts the matter, reaches the underlying disease, treats that and relieves the headache.

Headache, then, is only a symptom. Few physicians ever pay to it the importance it demands. True there are many headaches due simply to a hyperæmia of the brain membranes—the pia and dura—and these soon pass off, but there are diseases which have as one of their symptoms headache, more or less intense depending upon the locality of the disease and which will not pass away of itself. Unless a physician is acquainted with the disease of which headache is a symptom he cannot successfully diagnose and treat it—unless he goes upon the shot-gun plan.

I will classify them with a brief discussion of them. There are two great classes: First, the organic, and secondly the functional headaches, the first dependent upon some organic lesion, and the second are not.

Under the first we have: 1. Meningitis, pachy, (dura); lepto (pia); 2. Meningo–encephalitis (tubercular, syphilitic or traumatic); 3. Tumor; a very prominent headache and chiefly local; 4. Abscess of the brain; 5. Syphilis of the brain; intra-cranial syphilis; 6. Œdema of the brain, resulting from Bright's disease or acute nephritis.

Headaches are not to be passed over so lightly, and when a headache is strictly local with vomiting and slight twitching it is very probable that there is some disturbance—as the presence of a tumor or some local destruction of the brain. Cases of marked headache, optic neuritis and convulsions make it even more probable that a tumor is present. Headache from cranial pressure is very marked. Syphilis marks a very distinct thickening of the brain coverings and the headaches are very pronounced, especially coming on at night, or are very much increased even in the recumbent posture. Anæmic persons feel much relieved by lying down. Too much importance must not be attributed to this. We have diseases of the arterial system, stasis in other parts, and this adds to the discomfort. If the headaches are diffused with no symptoms of local disturbance they would be suspicious of syphilis. If you examine a patient closely he or she will confess to having slight attacks of petit mal. Persistent headaches and petit mal often lead the person to consult a physician. A momentary impediment in speech or the dropping of things suddenly without knowing why, you can attribute to syphilis of brain coverings. Œdema of brain is a secondary and never a primary disease. It always accompanies the gross changes of brain tumors, syphilis and all organic changes. In Bright's disease this is the chief change and is not only responsible for headache but all other symptoms. Here the headache is especially marked over the occipital lobe, and it also accounts for a special symptom, temporary blindness without any change in the retina. This is due to pressure of the œdema upon the visual centre. These organic headaches are, of course, much rarer than the functional, but they do occur much oftener than we think, and in all cases of extreme persistent headache we should examine the urine repeatedly for sugar and albumen. No examination is true without this. We have more difficulty in classifying functional headache, and the classification may seem larger than necessary and the subject deserves: 1, Anæmic; 2, Gastric; 3, Neurasthenic condition; 4, Lithasmic; 5, Eye strain. These are more or less acute—as a separate division we have (6) Migraine, or hereditary headaches.

Anæmic headache is easily recognized. The general appearance and one symptom are invariably exhibited—*i. e.*, the headache increases as the person assumes the recumbent position. After the person is up for awhile and the circulation is equal it passes off and is more or less associated with dizziness. But other forms of headaches should be excluded, for an anæmic person may have gastric headache—and why not? There is the

venous so often heard of in anæmia. These headaches are invariably increased in women during menstruation.

GASTRIC.—This is as much a frontal headache as urœmic is occipital. It is associated with vertigo, this form being a little stronger than dizziness. Sensation of sudden dizziness on rising or if the person is on the street it seems to rise up and meet him. This often leads the hypochondriac to a physician. A coated tongue is a prominent symptom in gastric headache; a constant accompaniment of dyspepsia; a very much dilated stomach; gas, bowels constipated.

NEURASTHENIC.—Here the headache is very different from every other form, and on the strength of this alone we can make a diagnosis of neurastheniæ in nine out of ten cases. It is always situated on top of the head, moreover there are uncomfortable sensations at the nape of the neck. The patient generally speaks of pain at the base of the brain and in the dorsal portion of the cord. These sensations are accompanied by an intense heat on the top of the head, or a dull boring pain, and the hypochondriac will think he has discovered something new about himself. Whenever I am presented with such symptoms as these, the word neurasthenic almost slips out of my mouth.

LITHŒMIC.—This form of headache is not recognized by science and it is supposed to be the same as nurasthenic, but to my mind there is not the slightest resemblance, and the difference between the two is very distinct. There is no difficulty, as a rule, in recognizing the two, although there is between a lithœmic and gastric. They are very liable to fall in a condition of neurastheniæ. The lithæmic headaches are very much diffused and of a spasmodic nature—*i. e.*, they will entirely be free from them for a space, when they return in all their intensity. If the person is not careful about the physical condition, they are apt to continue; so common among physicians. Although recognized by this general condition and appearance, and also by examination of urine, he has other symptoms pointing to this condition. They have peculiar pains in the hands and joints, so often mistaken for rheumatism. The urine is generally scanty with excess of uric acid and a feeling of fatigue. The person feels better when exercise is taken. Physicians who do not recognize it either do not know or they fail to look for it.

EYE STRAIN.—Very few headaches are due to this in spite of the apostles of this theory. Because a person has headache and eye trouble it does not follow that the former is dependent upon the latter. We find it in students and musicians mostly. Only those cases are attributed to eye strain that are accompanied by a feeling of tension across the eye. This is seen in young children first going to school and in people of about forty-five, at which age one is not apt to take proper care of the eyes.

MIGRAINE.—Here it is very different. The patient generally describes it as a dull boring pain and it is apt to be unilateral—*i. e.*, occupying one

whole side—or it may even be localized and it is associated with gastric symptoms. As a rule it comes on in early life and remains until the declining years, when, generally, it becomes less and less frequent, until at the age of forty-five or fifty it ceases altogether. In persons who have these painful headaches always enquire if they did not begin in early life. It is often confounded with trigeminal neuralgia. This is also a unilateral and hardly ever a bilateral trouble, although the pain may begin on one side and shoot across to the other. The difference is this: the trigeminal attack is periodically severe, and instead of being dull and boring, is, as a rule, sharp, intense and makes the patient wince. Moreover, the pain is apt to be localized while migraine is diffused. Trigeminal is restricted to parts where the filaments are exposed, supra or bital, infra or bital, buccal, mental, etc. Now another point to look out for is that in long continued neuralgias the pain, after being intermittent, will often become a continuous boring one with equally associated gastric symptoms, and as the symptoms are entirely subjective you must depend upon the patient.

Much more could be said upon the subject of headaches, but I deem this sufficient to show that headaches should receive more attention at the hands of physicians, and that we should endeavor by careful examination and investigation to place them in one of the above classes where appropriate treatment will suggest itself.

A Few Ophthalmological Dont's.

By W. H. Wakefield, M. D., Winston, N. C.

Don't lay aside general principles in dealing with the eye.

Don't overlook the great principle underlying the successful treatment of conjunctival inflammation, viz: In simple acute cases, use gentle means; in chronic cases, use stimulating measures, and in acute *infectious* cases use energetic agents, with thorough and persistent cleansing.

Don't use active, irritating agents in simple conjunctivitis. You had better do nothing.

Don't combine calomel and any of the iodine preparations, or calomel and oxide of zinc in an ointment for use in the eye.

Don't use calomel (or for that matter any mercurial) in the eye while administering iodine, in any of its forms, internally, as a painful conjunctivitis might result.

Don't use sugar of lead in the eye when the cornea is ulcerated or abraded. Deposits of lead in the corneal tissue are disastrous to vision.

Don't prescribe cocaine for frequent use in the eye. It causes exfoliation of the corneal epithelium, and favors destruction of its tissue.

Don't use atropine "*ad libitum*." It is an active systemic poison. Its local effect is *not* needed in simple conjunctivitis, and when it is indicated,

as in iritis, corneal ulceration, etc., seek to avoid the constitutional effect of the drug.

Don't use atropine in old eyes without first satisfying yourself that a glaucomatous tendency does not exist. Use it with care under any circumstances.

Don't forget when prescribing atropine for use in the eye to warn the patient of its effect on vision. The patient may be spared much anxiety by this warning, and the doctor's reputation not put on the stretch.

Don't use zinc sulph. or argenti nit. in iritis. Use atropine.

Don't fail to look out for iritis as a complication of rheumatism. All rheumatic patients should be warned that severe pains in their eyes probably means iritis, and the dangers of the affection should be pointed out to them, so they will call for treatment at once, as a single day's delay in the use of atropine may occasion permanent damage to a valuable organ.

Don't overlook the fact that severe, neuralgic like pains in and around an inflammed eye in an elderly person generally means glaucoma.

Don't use atropine in glaucoma. Use eserine.

Don't mistake glaucoma with its attendant failure of vision for cataract. Cataract can wait for treatment, while delay in treating glaucoma allows destruction of sight.

Don't forget that the farsighted and astigmatic eye is a fruitful source of ever recurring headache and other nervous symptoms, which can be relieved permanently by correcting the refractive error.

Don't forget that the great visual disturbance so often observed in the puerperal state is generally due to optic neuritis.

Iod. of pot., the bichloride and strychnia are indicated and should be used as early as possible. The iod. of pot. and the strychnia should be pushed and their use continued for months.

Complete Prolapse of the Uterus Cured Without Operation and Without Artificial Support.

By AUGUSTIN H. GOELET, M. D., Gynæcologist to the West Side German Clinic, Etc., New York.

Written for this Journal.

One of the most annoying afflictions to which women are liable is complete procidentia uteri. It is bad enough in a woman who has passed her period of usefulness, but it is certainly a deplorable condition in a young woman. It is generally considered rare in young women, yet it has been my misfortune to see a good many cases. At this age, when it is not dependent upon loss of the pelvic floor and uterine supports due to child bearing, usually the outlook for recovery is unfavorable, since none of the operations devised for this condition are wholly satisfactory in these particular cases. It is sometimes possible to retain the uterus in position by some form of artificial support, but they are not always satisfactory or

successful when well learned, as was the case with the patient whose history is cited below. In some cases, if the uterus can be maintained at a normal plane in the pelvis so that the normal circulation and nutrition of the pelvic organs and other structures can be restored, in time a cure may result, but it will be admitted, I think, that such a result is rare. More than this is usually necessary to effect a cure. The uterine supports, consisting of muscular and legamentous structures, have lost their tone, and this is not often restored without artificial stimulation.

It is the necessity for this artificial stimulation which I desire to emphasize by the report of the accompanying case. The result obtained in this case I have been able to duplicate in many others, in some with considerable ease but in others it required much persistence.

Where the tone of the uterine supports have not been entirely lost the chances of a successful result are very favorable, but in some cases I am willing to admit that nothing short of complete closure of the vagina will remedy the evil, and sometimes that will fail.

The patient, Mrs. S., who was reported to me by Dr. Ferd. C. Valentine, of this city, was a young woman only 26 years old, who had borne no children though she had three miscarriages at about the second or third month. For three years prior to coming under my observation she had been afflicted with complete procidentia uteri, which had resisted every means of treatment instituted for its relief, including pessaries, tompons, hot water stimulation, etc. The perineum was intact but the vaginal walls and vulva orifice were much relaxed and the uterus protruded constantly when she was on her feet and even when in the recumbent position. The only relief she obtained was by using copious hot water douches, while in a horizontal position, when, if she retained this position afterwards, the uterus would not protrude for an hour or two, but after awhile it would come down and out while she was still on her back. No form of vaginal pessary would be retained, and those supported by external attachment caused pain and injury to the soft parts. Her condition was truly deplorable.

I replaced the uterus and used coarse mill faradic stimulation. After the first application, which was made at my office, the uterus did not descend for several hours, though she got on her feet immediately afterwards and rode home, a distance of three miles. This was encouraging, and the same treatment was repeated every day until the uterus was retained during the whole twenty-four hours, which was accomplished before the expiration of a week. Then the applications were given every second day and later twice a week. In all she was under treatment about three months and the cure has been complete and permanent. A year has elapsed since treatment was suspended and there has been no relapse.

The Liver as a Causative Agent in Disease.

By Ed. H. Bowling, B. S., M. D., Luster, Durham County, North Carolina.

Written for this Journal.

When I first began the study of medicine I often wondered how it was that the ancients, so to speak, managed to cure any of the ailments that human flesh is heir to, when one of the principal medicines used was calomel, and when the various mercurials were recommended and used for almost every disease. I was taught to believe that the main indication for calomel was a rodent infested house—that it was a splendid thing to kill rats with—but that it should seldom if ever be given to human beings. I have not yet lost all of that innate dread of the mercurials, but the longer I practice medicine the more I am convinced that the pendulum of medical thought has swung to the opposite extreme from the old time regime, and that we have forsaken that happy conservatism which is best in all questions.

I find that in calomel we have an agent so potent that its place cannot be supplied when we give it according to its well known indications. In all malarial troubles it is an invariable good rule to begin treatment with some good active cholagogue. When I am called to see a patient with the characteristic symptoms of bilious remittent fever, I begin treatment with

℞ Hyd. chlor. mit.....gr. x.
Pulv. podophylin.....gr. v.
Pulv. ipecac.....gr. v.
Sodii bicarb.....gr. xv.
ℳet fiat pil No. xv.
Sig. One pill every hour until bowels move of a distinctly bilious color.

Sometimes I combine aloes with the above prescription and it acts very well. When with this medicine you have aroused a torpid liver to renewed activity, then give quinine in as large doses and as often as your patient can bear until you get symptoms of cinchonism, and your patient is usually cured. Then did you ever notice that it does not take as much quinine to cinchonize a patient after you have his liver acting as it does if you have not aroused this organ?

In the myalgias, so common to this section of country, I find a good active cholagogue to be the only remedy needed. Very often I have patients to come to me complaining of being "down in the back," and they conclude that they have some kidney disease, and in all probability will ask for something to act on the kidneys. Now in my hands the acetate of potash, buchu, hydrangea, etc., are perfectly useless to some. I have given salicylate of sodium and used anodyne liniments externally all to no purpose; but put such a patient on

℞ F. E. enonymous.....ʒ iij
F. E. chionanthus.....ʒ iij
F. E. chelidonium.....ʒ iij
F. E. berberis vulg.....ʒ iij
F. E. podophyl.....ʒ iij
F. E. nux vomica.....ʒ ij
Glycerine q. s. ad.....℥ vj
ℳ. Sig: Take a teaspoonful in water one-half hour before each meal.

This is one of the most useful remedies that I have ever found. For constipation it excels cascara sagrada, as a diuretic it is one of the best, as a cholagogue I know of no superior, possibly excepting the mercurials, and it has not some of the faults even of those salts. Indeed, one of my professional friends jocularly remarked that this medicine would do everything for me except collect my bills.

In the treatment of nervous affections it seems to me that the profession is overlooking the part that a deranged liver plays in these ailments. As we all know broken down nervous matter is excreted by the liver as cholesterine. Now take a liver that is not performing its proper functions and it is very easy to see how this waste material, instead of being eliminated as it should, is dammed back upon the nervous system, and we have all seen the direful consequences that result; and we all furthermore know how unsatisfactory are the bromides, valerian, etc., in the treatment of such disorders. But, if you will first administer an hepatic stimulant, then give the usual nervines, you will be pleased with the results—at least that has been my experience.

Now, don't understand me to say that this procedure will cure all your old standing cases of neurasthenia, chronic neuralgias and chronic grunters, for these cases have some constitutional cause at the back of them which must be remedied first. I find cases of neurasthenia, etc., that will not yield to the above treatment, but by getting the minute history I find some financial trouble, some skeleton in the family closet or some hereditary taint that no medicine will reach, but even then the treatment outlined above will do more for such patients than anything else I can devise.

Nitro-hydrochloric acid is another remedy that I use very extensively, but I use this mostly in cases where a faulty digestion is combined with an inactive liver, and its effects are often very gratifying. When nitro-hydrochloric acid seems indicated and still it does not do all that we have reason to expect from its use, I get very beneficial results from tr. nux vomica and F. E. podophyl. combined.

Now a few words in regard to the administration of calomel. I believe that one reason why it is not more extensively used is because we all have a morbid dread of salivating our patients, and it is well we should, for if one thing above another tends to give me the panic it is to see a patient to whom I have given a mercurial, and on my next visit find his teeth all loose, his mouth so sore that he can scarcely bear anything to touch it and saliva dripping away. I think, however, that there are some erroneous ideas abroad amongst the laity and even among physicians themselves in regard to salivation. What doctor has not been asked if it will do to drink much water or to eat any grease, or if such and such articles of diet are not "rank pizen" after taking calomel? And are not most doctors afraid to give any of the vegetable acids or allow salty food

after giving calomel? I have given all these things after calomel, and have even given hydro-chloric acid and still the patient was not salivated, and again I have known patients to observe the strictest dietary and were salivated, but they did not observe the instructions I gave them. If these articles of diet cause salivation, how do we account for the same phenomena when we give inunctions of mercury over a blister surface?

My plan of giving calomel is to give it in small doses often repeated and combined with aloes and bicarbonate of soda.

℞ Calomel.....gr. x
Pulv. aloes.....gr.
Sodii bicarb.....gr. xx
Met et fial pul. No. 5.

Sig one every hour mixed with syrup, until bowels move, then stop use of calomel and give a saline. With this mode you will seldom if ever salivate a patient.

I plead guilty to having a hobby (to use the expression of one of my professional friends) on the use of calomel, and the part that the liver plays in the ætiology of disease, but I do think that the profession as a whole have discarded and overlooked old remedies in the scramble to find something new, and while I do not uphold everything that was done by the ancients, for they were mortal and made mistakes, neither do I accept all the new 'ologies and 'isms of this generation; neither do I use and laud every new remedy that is thrust on the gullible public by some energetic manufacturing house. When I have tested a remedy and found it good I use it again, but I think it suicidal to discard old and tried remedies for every new *ine* that is thrust upon us.

I do not favor retrograding, neither do I favor a standstill policy; this is an age of advancement, and we must keep up with the times or else be relegated to the misty rear; but let us advance with due caution; it is as well to be conservative in medicine as in anything else.

Sympathetic Gummata Involving the Island of Reil and Posterior Portion of Third Convulotion of the Brain.

By W. E. Fitch, M. D., Durham, N. C.

On March 14, 1893, about 2 P. M., I was hastily summoned to see W. C. H., aged 47, weight 146 pounds. I found patient presenting symptoms indicating approaching paralysis. Early history unsatisfactory, but from the appearance of his skin in various localities I suspected syphilis, and directed my examination in this line. Upon persistent interrogation I elicited the following: Patient complains of persistent headache of some months' standing; obstinate constipation for the last four months; diminished patellæ reflex; loss of co-ordination; loss of thinking powers; intellect very much impaired; can't put ideas together; inability to add

figures; don't know value of money at times; total loss of memory of recent occurrences, but remembers incidents that occurred in early days with much preciseness; unable to stand erect in middle of room with eyes closed; when tongue is protruded points toward the left; when asked to walk across a room with eyes closed goes to the left 45 degrees. Very marked disturbance of intellectual faculties; has an idiotic appearance; complains of very excruciating pain in occipital region, increased by light sounds or movements; disturbance of visual powers; sits leaning forward with eyes closed; pays no attention to anything or anybody; intense vertigo and dizziness increased when patient tries to assume the upright position; spasm of groups of facial muscles, giving peculiar wild appearance to features; slow and irregular pulse; aphasia well marked; conversation scattering, never finishes a sentence; slight descending paralysis. After carefully weighing the symptoms I made unhesitatingly the diagnosis of gummata of the brain. I gave patient large dose of mild chloride of mercury and enjoined quiet rest in bed, selecting a large, well ventilated apartment, and gave the following: R. potassi iodide, tr. gentian and Huxam's tinct., each teaspoonful carrying 15 grs. of potassi iodide; ordered 1.16 gr. of proto iodide of mercury every 6 hours. Gave phenacetine in combination with caffine citrate for headache and left the house.

March 15. Patient had a very good night; symptoms better to-day; several actions from bowels last night. Mental faculties a little brighter to-day.

March 16. Patient had a bad night, couldn't rest; complains of severe pain in head and back; ordered bromides with phenacetine; other treatment continued.

March 17. Patient still complains of pain in head; obstinate constipation; ordered a pill carrying aloin strychnia and belladonna and resinæ rodophylliin.

March 18. Patient had a better night, slight improvement in all symptoms.

March 10. Patient can walk a little better; decided improvement in intellectual faculties; treatment continued.

March 20. Patient doing moderately well; bowels act daily; mental faculties improving.

March 21. Patient rested well last night, sleeps well during the day if kept quiet; noises and company annoy him.

March 22. Patient improving; can think and put ideas together; can walk without aid.

March 24. Patient still improving; increased the potassium iodide to 20 grs. 3 times a day, given with tr. gentian and F. E. Sarsaparillæ Co.;

appetite very good. Directed nurse to prepare for him milk, eggs, and fish and ox brain.

March 26. Patient still improving.

March 27. Patient's condition slowly improving. Dr. R. L. Payne, Sr., was in town and saw patient with me. He agreed in diagnosis and advised me to push the iodide treatment which I was doing and continued.

April 1. Patient still improving, mental faculties almost entirely recovered, can talk with ease, headache gone, can add figures and write letters and transact business.

April 31. Patient still slowly improving, appetite good but still some intellectual lassitude present, gait tottering, bowels slightly constipated, treatment continued till June 1st. Patient very much improved. The mental faculties clear, hebetude and headache gone, bowels act once per day with the help of aloin strych. and belladonna and resinæ podophyllin co. potassi iodide combined with bichloide mercury 1.20 gr. 3 times a day. I am now giving Zi. iodide potash and 3.20 gr. hyd. chlor. cor. per day and patient is doing well.

This treatment continued till September 1, 1893, when patient was dismissed cured, at least apparently so, all the symptoms of gummata gone. This case is copied from my case book just as I took notes. Several of my friends have asked me to report it, and at their earnest solicitation I do so, hoping none may be led astray, but that some one may be benefitted.

Clinical Report of Two Cases.

By Annie Alexander, M. D., Charlotte, N. C.

The first case which I have to report is one of uterine hemorrhage from adenoma and granulations of the endometrium.

I was called to see Mrs. Y., April 8th, 1894, who gave the following history:

She is 21 years old. Married at 17. Has always been delicate. Two years ago her only child was born. During the pregnancy she had an irregular discharge of blood every two or three months. Her labor was normal. She has never felt well since the birth of her child. Suffers greatly at each menstrual period and is very irregular.

Eight months ago, while under the care of her physician, who was treating her for "falling of the womb," she had an abortion at about the tenth week of gestation. Since then her sufferings have been more intense; pelvic pains almost constant; menses lasting from two to three weeks, with profuse leucorrhœa between times. She has been in bed the greater part of the time.

She is weak, anæmic and exceedingly nervous. No appetite, consti-

pated. Examination reveals a lacerated, ulcerated, hypertrophied cervix; fundus enlarged, the entire cavity measuring 4½ inches, os very patulous, a profuse flow of blood beginning two weeks before.

A vaginal and intra-uterine douche were given of warm carbolized water, after which an intrauterine injection of permanganate of potash, ½ grain to 1 oz. of water, was given which checked the hemorrhage almost immediately. By the third day the bleeding was as free as ever.

With a sharp curette two kinds of tissue were removed. Macroscopically one was round, smooth, pale pieces, the size of a small pea; the other was ragged, very dark, with small black looking blood clots between the fibers. The treatment depended upon the diagnosis. If it was malignant, hysterectomy was to be advised. The dark growth was situated near the left cornu of the uterus; the pale granulation tissue was distributed all over the body lining.

The microscopical examination showed the tissue to be *adenoma* and simple granulations.

The patient was anesthetized and the uterus thoroughly curetted with the sharp curette. Carbolized douche was then used and iodoform gauze drainage. The next day there was considerable pain and tympany; ¼ gr. morphine and epsom salts, to move the bowels freely, hot fomentations and hot douches relieved her nicely, and in 24 hours she was perfectly comfortable, bleeding checked, only a little soreness on pressure, which passed off in a few days. The menstrual period appeared at the proper time and was normal. Three weeks after the operation the uterus measured three inches. She is now as well as she ever has been.

Case II. Miss M., aged 30. Has never been robust. Has always suffered severely with dysmenorrhœa. For the past year has suffered with pain in the neck of the bladder during and a few minutes after micturition. For six months the pelvic distress has been so great that she walks about with difficulty, goes in a half bent posture. She screams with pain when the urine passes; is very nervous and hysterical.

Examination.—Uterus sharply anteflexed, pressing upon the neck of the bladder. Urethra thickened. A sound passed into the bladder causes great pain and is followed by a drop of blood on withdrawal. The treatment consisted in straightening the uterine canal and lifting it upward and backward with boroglyceride tampons.

The bladder was washed out with boracic acid solutions, flaxseed tea, and warm salt water, none of which had any effect. Internally was given lithia in various forms, fld. ext. pichi, sanmetto, benzoin preparations, one after another, with no benefit.

Examining the urethra carefully with an endoscope, there was seen about ¼ inch within the meatus a small red, inflamed spot, with increased redness of the whole urethra. An injection of a few drops of 10 gr. to

the oz. solution of nitrate of silver was made twice weekly for two weeks, with no benefit. Various soothing and stimulating injections were used with like result.

Then I used urethral suppositories containing sulphate of zinc, carbolic acid, ext. belladona and ext. hydrastis every night. These were beneficial, but the pain was still there. The urethra was then thoroughly dilated with no benefit.

In the meantime, during this treatment, which had extended over twelve months, the patient's general health became good; the menstrual difficulty was overcome, and all that troubled her was this sharp pain during micturition.

Having tried everything, both local and general, that seemed to offer any hope of relief, I almost dispaired of curing her. I gave her a pill three times a day containing one-fourth gr. nitrate of silver and one-twelfth gr. powdered opium. After three days she was decidedly better. At the end of two weeks there was no pain at all. This treatment was omitted one week, then given two weeks longer, when the treatment ceased. There has been no return of the trouble, more than a year having passed.

The Value of Our Mistakes.

It is always a pleasant thing to be right, but it is generally a much more useful thing to be wrong. If you are right, all that you do, as a rule, is to confirm your previous opinion, your previous habits of reasoning, and your previous self-esteem. But if you are wrong, you generally gain in knowledge and gain perception of the way in which your method of diagnosis needs improvement, and the influence of self-esteem is not likely to do you any harm. At least that is my own experience, and I think I have observed it confirmed in others. But the result is dependent on deliberate effort. There is a strong temptation to smooth down error, and it is very easy not to gain from it its precious lesson. It is more easy to fancy that there is some accidental cause for the mistake than frankly to perceive that it is a fault. But if you make a deliberate effort to realize and to face in your own mind the mistake you have made, to discern its cause, and to employ this perception as far as you can to remove the cause and prevent a like mistake in the future—if you do this, almost every error becomes one of the precious experiences of your practical life.—*Dr. W. R. Gowers.*

The remarks of Dr. Osler at the recent dinner of the Harvard Medical Alumni Association that 33.3 per cent. of the women medical students at the Johns Hopkins Medical School has been married at the end of the first session, has been gravely quoted by the medical press as a failure in co-education. Dr. Osler very properly asks what will happen at the end of the fourth year? The remaining two women in the class stand a poor show of graduating,—*Maryland Medical Journal.*

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NOTICE--CAUTION.

The success of Fellow's Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, NEW YORK.

The Charlotte Medical Journal.

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AT HOME--THE CHARLOTTE MEDICAL JOURNAL.

It is with feelings of great pride and general satisfaction that we can announce to our readers and advertising patrons that our Journal is now printed within our own doors. The Journal rooms are situated just above our offices on the second and third floors of our building. Our printing outfit is entirely new and our press is the latest and most improved Gordon. Neither labor, time nor money has been spared in selecting and purchasing our outfit, and we have tried to make it as complete as possible. Our printers are practical and experienced, and henceforward it will be our hearty endeavor and faithful effort to make our Journal the neatest, prettiest and most readable journal published in the South.

TROUBLE BROODING.

At the meeting of the American Pharmaceutical Association recently held at Asheville, N. C., the subject of the physician dispensing his own medicines was elaborately discussed. After due consideration and prayerful deliberation they unanimously decided to boycott manufacturers who furnish physicians with their manufactured products for use in dispensing prescriptions. This was done for the purpose of putting a stop to what the druggists look on with alarm as an encroachment on their own business. They claim that year by year the doctors are getting more and more into the habit of filling their own prescriptions, greatly to the detriment of the prescription of the drug stores. I have been expecting this clash for some time—the very atmosphere whispered trouble.

Railroad men have been striking in the West, street car men in the North and 'Longshoremen in the South, and now the drug men, those who are members of the American Pharmaceutical Association, have not gone on a strike, but they are getting angry, and I think there are quite a number of them. This custom of dispensing your own medicines is practiced more in the Northern and Western cities than in our Southern cities. Now and then you see a fellow who says he dispenses his medicines, but very seldom. Still for the past four years there seems to be a perceptible tendency

in that direction though it has not terminated into an actuality yet in the South. There seems to be many advantages in having your medicines prepared by careful druggists, and I think in this State, and in others too, I suppose, that the drug men have raised their standard of requirements for graduation in the same proportion as the standards have been raised in other professions. You can prescribe just exactly what you want when you send your patient to the druggist with explicitly written directions, whereas by dispensing it yourself you have to take what you have with you, not what you want oftentimes, and the majority of times you tell the patient how to take it and he forgets what you said before you get out of sight, and you do not get the beneficial effects you would have gotten had it been properly taken.

You are not out of money for medicines if you have your medicines prepared at the drug store, whereas if you dispense them yourself you are continually buying, buying, buying. Always out of the very thing you need. Then it not only takes your money out of your pocket, it not only worries and troubles you, but it takes so much of your time. You measure out two dozen powders or two dozen pills and it takes time. In the majority of instances the druggist keeps fresh medicines. Among the many other advantages too numerous to mention there is a pleasure, a gentility, an ease, a great satisfaction as to dosage and proper direction when you sit before your patient, write your prescription and send to the drug store. If you have made an error the druggist is most sure to detect it, so the patient has two sentinels, the physician and druggist, whereas by giving your own medicines you are liable to give one medicine for another or too much, and your error never detected till too late. Of course this very seldom occurs, but the possibility is not excluded. To visit your patient and give your own medicines, you must ask Betsy to get you a bottle, and she brings you a dirty one, and you have no idea what has been in it before, and you spill your pills all over the floor, and you get your directions all mixed up, etc., etc. Good Lord deliver me from dispensing my own medicines!

TWELFTH INTERNATIONAL CONGRESS.

The Twelfth International Congress will be held in Moscow, Russia, in the month of August, 1896. As Russia and America are very friendly it is to be hoped that a large number of American physicians will avail themselves of this opportunity to visit one of the most interesting countries in the world.

Don't forget the meeting of the Tri-State Medical Society in Atlanta, October 9th, 10th and 11th. Important business will come before the Society. A change of name will be discussed. Be on hand with a good paper. Send title of paper to Dr. Frank T. Smith, Chattanooga.

A CAUSE FOR BALDNESS.

Dyspepsia is not only one of the most common diseases, but it is also one of the most common causes for the loss of hair. Nature is very careful to guard and protect and supply the vital organs with the proper amount of nutriment, but when she cannot command a sufficient quantity of blood supply for all the organs she very naturally cuts off the supply to parts the least vital, like the hair and nails, so that the more important organs like the heart, lungs, etc., may be better nourished and perform their work more satisfactory. In cases of severe fevers one can readily see how nature economizes. If one will examine a hair very closely from the beard or head it gives somewhat of a history of an individual during the time it was growing. It will be observed that it shows attenuated places, showing that at some period of its growth the blood supply was deficient from overwork, anxiety or under-feeding. Speaking of dyspepsia being one of the most common causes of alopecia, I will add that a very common cause of indigestion is irregularity of meal hours. The human system seems to form habits and it performs its functions to a great measure in accordance with the habits formed. This seems to be particularly so in regard to eating, and you might say drinking too. Your stomach gets into the habit of accepting your meals at a certain hour every day, and at that hour it is ready for it. If you, however, take meals at irregular hours you take your stomach by surprise, and it does not know when to expect a meal, and it is not in that state of readiness for the prompt and perfect performance of its work. Be more careful about what you eat, when you eat it, and you will have less dyspepsia and fewer bald heads.

MODERN THOUGHTS.

From present indications it seems that that sacred rite of partaking of the communion cup, and oftentimes the happy privilege of enjoying a kiss, are about to be abolished. If we adhere to the rigid rules of the bacteriologist these must go. We must either refrain from the communion cup or take our wine in capsules, and love-making must be done by the antiseptic method. It is a great pity these things were not thought of before. Possibly our forefathers who lived more than three-score and ten might have lived longer had they observed these wise sanitary precautions. No one denies that for a mother to kiss her child suffering with diphtheria is dangerous and uncalled for; but for one healthy person not to be allowed to kiss another for bacteriological fears is folly in the extreme. He or she who runs around and indulges in promiscuous kissing, kissing any and everybody, should contract some fatal disease; the quicker the better. While these subjects are being discussed, we wait for further developments from the bacteriological laboratories.

THE HALCYON, ATLANTA, GA.

This is the attractive name of the Private Sanitorium which has recently been erected by Dr. J. B. S. Holmes for the treatment of Diseases of Women. The people of Atlanta should well feel proud to have the Halcyon in the heart of their city with the talented and experienced physician, Dr. Holmes, at its head. This is the handsomest and most modern Sanitorium situated in the South. It contains all the comforts of home with the antiseptic safeguards of a modern Surgical Hospital. The purpose for which it was built is to accommodate sick women who do not care to enter a public hospital, and who cannot be properly treated at home, or in hotels or private boarding houses. The building is of brick and stone, and is finished throughout with hard wood. Every precaution has been taken to render it absolutely clean and aseptic. It is heated throughout with hot water, and every room has open grates. To make a long story short, it is as near perfect in every detail as architectural skill can make it. For further information, which will be gladly given, address Dr. J. B. S. Holmes, 17 West Cain Street, Atlanta, Ga. See advertisement elsewhere in this Journal.

DEATH OF Dr. FRANCIS FULLER.

Dr. Francis T. Fuller, assistant physician at the Insane Asylum at Raleigh, N. C., died at that place on June the 14th of a congestive chill. He was born in Granville county June, 1835. He at one time practiced medicine in Raleigh. In 1856 he was appointed assistant to Dr. Charles E. Johnson, who was acting as superintendent of the Insane Asylum, which was opened in February of that year. A little later he was elected to the position and held it till his death. He was a specialist and had great influence with the insane. He was a member of the Raleigh Academy of Medicine, the State Medical Society, the Association of Medical Superintendents of the Insane and the New York Medico Legal Society.

In the death of Dr. Fuller the State has lost a valuable citizen and servant and the insane one of their best friends. Their treatment was the work of his life and he was thoroughly devoted to it and singularly successful in it. Without "wife or children, good or bad, to provide for," he gave himself up to those whose minds had been darkened, and many a living man and woman owes to him, under Providence, the restoration to health of a mind once diseased. He discharged his duty here with intelligent fidelity, and to doubt that there will be many stars in his crown would be to doubt the holy religion in which he was an humble believer. Personally Dr. Fuller was an exceedingly lovable gentleman, and his friends were to be numbered by the number of his acquaintances. It is a source of gladness to be able to believe that it is well with him.

CLEAN THERMOMETERS.

Those who are constantly preaching the germ causes of disease are the very fellows who many times are equally as careless as his unbelieving friend. How frequently do we see physicians take the temperature of their patients, regardless of the existing disease, wipe the instrument with their handkerchief, which is the most liable linen to be full of germs, or a towel or even use the sheet, and carefully place it away in a case prepared with a small amount of absorbent cotton in the bottom to keep from breaking, and unintentionally preserving the germs from time to time, to be conveyed to the next unfortunate, who may be the first patient called upon. This seems to be a very simple thing to discuss, but any reasonable person can readily see the necessity of having your thermometer thoroughly cleaned every time it is used. It should be washed with soap and water, and if any cotton is used in the bottom of your case let it be sublimated cotton and occasionally renew it.

PROFESSIONAL SECRECY.

The relation that exists between the physician and his patients is so sacred and confiding that his words should be ever guarded, and his remarks handled with care. As a general thing this sacred relation is understood and appreciated by the profession, and it is very rarely ever violated. But sometimes, inadvertently, we are not careful enough about this matter. In comparing one case with another this secrecy is often violated. Talking to one patient about whatever complaint or disease he may have consulted you about, you tell him yes, that will be very easy managed. Tom Jones' boy had the same thing and look at him now, perfectly well. Tom Jones' boy may have had a sore throat, and it was to this disease he was refering, but you see this is bad practice, and if followed, in some unguarded moment, something will escape your lips that you may always regret. A wise man keepeth his mouth closed.

Prof. Senn's Work on Tumors.

Prof. Senn has just returned from the coast of Maine, where he has spent his summer vacation writing a work on tumors. Up to date the Doctor's manuscript contains over sixteen hundred pages of closely written copy. The profession of this and foreign countries will anxiously await the publication of this masterly contributor to the surgical literature of the day.

The heaviest bicycle rider in the world is said to be Dr. Meldon, of Dublin, Ireland, who weighs 378 pounds. He is also an expert tennis player.

HOW'S THIS?

Once upon a time it was believed that to have your neck broken death was inevitable, but with the recent learning and modern thought and facilities it has been found out that this misfortune can be treated and the broken fragments replaced as in other parts of the body. The Cincinnati Medical Journal gives the following:

"Here is the sequel to a story of much medical interest mentioned in an earlier issue of the Journal: Last year, while attending the World's Fair, William Lewis received a broken neck by being accidently shot by his sweetheart. This week the steel frame that had supported his head since was removed, and he is apparently recovered. He went to Topeka, Kas., yesterday, and is expected to return home with the bride who a year ago came near causing his death."

A DOCTOR practices on his own patients, but a musician practices on the patience of others.

The daily mortality from consumption in the United States is now estimated at 450.

Amputation Without Permission.

According to the London Lancet, a lawsuit lately took place in Germany in which the father of a girl aged seven years charged a hospital surgeon with assault—to wit: "wounding with a dangerous instrument." The patient was under treatment for tuberculous disease of the foot. Conservative methods of treatment having failed, amputation was advised, but the father refused to give his permission. From a report in a contemporary it appears that the parent proceeded to the institution with the purpose of taking his daughter away, but when he arrived she was under the influence of an anesthetic, which had been administered with a view of amputating the foot. The surgeon in charge, on being apprized of the purport of the father's visit, is said to have remarked, "It is too late," and proceeded to amputate. There can be no doubt, if he was aware of the father's objection to the operation, the course he took was wrong both on legal and ethical grounds. When a mutilating operation is necessary to ward off impending peril of death, it would be absurd to have to wait for permission to resort to it, but in the case under consideration no such circumstance can well have arisen. The liberty and rights of the subject cannot be allowed to be overridden. Nevertheless, there may be much to extenuate the offence, and we cannot imagine greater mitigation than where there is conflict between a surgeon's judgment and a parent's feelings. The surgeon in question was acquitted, but it is said the cause is to be retried.—*Kansas City Medical Record.*

LIQUOR UTERANS.

(V. P. o.)

WE DESIRE to call the attention of Physicians to this preparation as a superior **Utero-Ovarian Sedative and Anodyne.**

EACH FLUID OUNCE REPRESENTS:

BLACK HAW	55	Grains.
BLUE COHOSH	28	"
GOLDEN SEAL (Represented by the White Alkaloid)	55	"
JAMAICA DOGWOOD	25	"

The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a UTERINE TONIC AND ANODYNE SEDATIVE is indicated.

DOSE:—ONE-HALF TO ONE TEASPOONFUL.

Eminent practitioners contend that the present habits of life tend to produce Uterine and Ovarian disorders of various kinds.

The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with LIQUOR UTERANS.

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of LIQUOR UTERANS. We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

Samples will be cheerfully mailed to Physicians on application.

Correspondence and reports of cases invited.

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BOOK REVIEWS.

ATTFIELD'S CHEMISTRY. Fourteenth Edition. Chemistry, General, Medical and Pharmaceutical: Including the Chemistry of the U. S. Pharmacopæia. A Manual of the General Principles of the Science, and their application to Medicine and Pharmacy. By JOHN ATTFIELD, M. A., Ph. D., F. I. C., F. C. S., F. R. S., etc., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc. Fourteenth Edition, Specially Revised by the Author for America to Accord with the New U. S. Pharmacopæia. In One Handsome Royal 12mo. Volume of 794 Pages, with 88 Illustrations. Cloth, $2.75; Leather, $3.25. Philadelphia: Lea Brothers & Co., 1894.

Attfield's Chemistry is the most widely known and the most extensively used chemistry that has ever been published in the English language. This manual is a systematic exponent of the general truths of chemistry, and is written mainly for pupils, assistants and principals engaged in medicine and pharmacy. It is essentially a manual of chemistry. The book will be found equally useful as a reading book for students having no opportunities of attending lectures or performing experiments, or on the other hand as a text-book for college pupils. In the preface it is stated that this text-book differs from other text-books in these particulars: First, in the exclusion of matter relating to compounds which at present are only of interest to the scientific chemist; secondly, in containing more or less of the chemistry of every substance recognized officially or in general practice as a remedial agent; thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally.

The book is divided into the introductory, which pages are devoted to a few leading properties of the elements. The chemistry of substances met with in vegetables and animals, or of similar substances artificially produced (the so-called organic chemistry), is next considered. Chemical toxocology as well as microscopical characters of morbid urine, urinary sediments and calculi are then given. The concluding sections form a laboratory guide to beginners in the chemical and physical study of quantitative analysis. In the appendix is a long table of tests for impurities in medicinal preparations, a short one of the saturating powers of acids and alkalies designed for use in prescribing and dispensing, and an alphabetical list of elements and atomic weights. The theories that matter consists of molecules, and that molecules consist of atoms, are freely adopted in this book, the author believing that in the present state of knowledge and education philosophic conceptions concerning chemistry can only be induced in the minds of medical, pharmaceutical and general students by the aid of these theories. The chemical notation of the book is in accordance with modern views. The author has avoided the employment of names which include numeral sylables, and the metric system of weights and measures are alone used in the sections on quantitative analysis. At the close of each subject questions are appended so that students can test their progress.

Much more could be written about this magnificent book, but it needs no further praise. Within twenty-six years a demand has arisen for fifteen large editions of this manual, and if the success of a work can be measured by the number of its editions, Attfield's Chemistry can long claim to unexampled popularity. It is published by Lea Brothers & Co., and besides its faultless topography it is a stout and durable book.

INEBRIETY OR NARCOMANIA: Its Ætiology, Pathology, Treatment, and Jurisprudence. By NORMAN KERR, M. D., F. L. S., Fellow of the Medical Society of London, etc. Third Edition. London: H. K. Lewis, 1894. Pp. xxxix-780. Price 21 shillings.

No disease is more common than inebriety, and yet none is so seldom or so slowly recognized. No disease is more widespread. In the whole circle of even an acquaintance it may happen that no member has been known to have suffered from any of the leading diseases which prevail in our land, that no one has been laid low by phthis or by cancer. But there are very few families in the United Kingdom which have not had at least one relative who has been the subject of inebriety. In but too many instances this family failing has unhappily not been confined to one member of the domestic circle. The busy general practitioner of medicine, who in the course of his experience as a family medical attendant is called upon to treat a wondrous variety of human ailments, may have had a lengthened professional career without ever having been confronted with a case of hydrophobia, or of typhus fever, of cholera or of true diphtheria. But whatever be the case in any sober country, it cannot be denied that in the United Kingdom, as in many other lands, no medical man, however small his practice, can hope to pursue his professional calling for any long period without being called to most piteous and intractable cases of some form of inebriety. Well may be accorded that familiar phrase to this book, "Such a text-book as this has long been a desideratum." This volume is the outcome of more than a quarter of a century of the author's experience in dealing with inebriates. This, the third edition, has been in great part rewritten, with the addition of nineteen chapters. Among the matter will be found: I. A study of the origin, rise and fall (in Ireland) of the modern society of narcomania, known as etheromania, (a mania for intoxicolear by ether.) II. A dissertation on the difficult theme of the highest importance to inebriates and their descendants—the medical administration of alcohol—being an attempt to define the true place of alcohol in therapeutics. III. The results of an enquiry into the relations of insurance to inebriety, etc., etc.

It is scarcely necessary to review the chapters of this book in detail. Every one is familiar with Dr. Kerr's ideas. He does not consider the inebriate a reckless, desperate and selfish individual, but one who is bearing the most wretched and frightful misfortunes that can befall a human being. He is a very smooth and forceful writer. At times his writings are of a

very high strain, often pathetic and sympathetic. He handles this difficult subject in a masterly manner. The book is large though not verbose, and one must read Dr. Kerr's own words in order to enter into the beautiful spirit of the book. Besides the matter we cannot but speak in the highest terms of this book. It is a handsome book, well bound, on fine paper, printed with large and elegant type, has marginal notes which are so convenient as aids to reference. To any who may be beginning the study of this important subject of inebriety we can commend no better, clearer or more interesting work upon the subject. It will be a valuable as well as a handsome addition to any physician's library.

FLINT'S PRACTICE OF MEDICINE. A Treatise on the Principles and Practice of Medicine. Designed for the Use of Students and Practitioners of Medicine. By AUSTIN FLINT, M. D., LL. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in Bellevue Hospital Medical College, N. Y. New (7th) edition, thoroughly revised by FREDERICK P. HENRY, M. D., Professor of the Principles and Practice of Medicine in the Woman's Medical College of Pennsylvania, Philadelphia. In one very handsome octavo volume of 1143 pages, with illustrations. Cloth, $5.00; leather, $6.00. Philadelphia: Lea Brothers & Co., 1894.

It is useless for me to attempt a review of this book—the very name of Flint will always be associated with clinical medicine and the early editions of this classical work mark the outposts of medical advance in their time. The present volume has suffered but one radical change—the omission of the section on General Pathology. This is in accordance with the practice of nearly all modern writers, who draw a strict line between special and general pathology. The present editor has contributed about 100 pages of new matter, in which are included more than twenty distinct articles. Among the new articles are Pulsating Pleurisy, Weil's Disease, Syriengomyelia, Ber-bari, etc. The classification of Flint has been practically retained. In this addition special attention has been given to the department of therapeutics, because it is the one in which the changes have been greatest. Among the multiplicity of new remedial agents discovered and advocated during the last eight years, a selection has been made of those which have withstood a thorough clinical test—the only one of value to the practitioner. Some idea of the depth and breadth of this book may be obtained from an extract in the preface of the last edition by his son, Prof. Austin Flint: "The basis of the work is an unbroken series of records of cases in private practice and in hospitals, begun in 1833, and continued for more than a half century, covering 1692 folio pages of manuscript with the author's own hand." Gifted with extraordinary powers of clinical observation and with great literary aptitude, Flint was especially fitted to describe disease in a series of literary pictures which will never lose their value since time does not impair the accuracy of a delineation true to life. It is hazarding little to prophesy that this classic, in its new issue, will easily maintain its honored place and preserve the name of its author—America's foremost physician. The work is magnificently published by Lea Bros. & Co.

THE STUDENTS' DICTIONARY OF MEDICINE AND THE ALLIED SCIENCES: Comprising the Pronunciation, Derivation and Full Explanation of Medical Terms, Together with Much Collateral Descriptive Matter, Numerous Tables, Etc. By ALEXANDER DUANE, M. D., Assistant Surgeon to the New York Ophthalmic and Aural Institute; Reviser of Medical Terms for Webster's International Dictionary. Philadelphia: Lea Brothers & Co., 1893.

The author of this work, Dr. Alexander Duane, of New York, is already widely known as a medical expert for Webster's International Dictionary, and no one is more abundantly qualified by natural gifts and special training for the difficult task just completed than he. This book has taken years of his study and most painstaking labor. It is a work of very high merit, and that it will be recognized as the standard dictionary for students we have no doubt. In presenting this work to the profession the author has striven to give succinct information concerning every word that the student or physician will be likely to meet with in the course of his professional reading. The vocabulary is very liberal though most obsolete words have been omitted, thus securing space for more useful material. The definitions are of a descriptive kind, including not only what the word defined is, but also much descriptive matter which explains its nature more fully. Thus under diseases are given their symptoms and treatment; under drugs are given their properties, effects and doses—the information being arranged in logical order so as to form a natural and connected idea of the subject. Extensive tables of bacteria, muscles, arteries, veins, nerves, etc., are included. The pronunciation of each word is given by a simple and obvious phonetic spelling. Derivation, an unexcelled aid to memory, is fully and clearly stated—Greek letters being transliterated into those of our own language for the convenience of those unfamiliar with Greek. The labor and time that the author expended upon the preparation of this book has been paralleled by the care bestowed by the publishers upon every detail of its preparation.

DICTIONARY OF ELECTRICAL WORDS, TERMS AND PHRASES, by EDWIN J. HOUSTON, Ph. D. (Princeton). Third edition, greatly enlarged. New York: The W. J. Johnston Company, Ltd., 253 Broadway. 1894. 669 double column pages, 582 Illustrations. Price, $5.00.

The generally recognized necessity that has existed for a book defining electrical terms is clearly shown by the great sale Houston's "Dictionary of Electrical Words, Terms and Phrases" has enjoyed from the very first, and which has caused it to reach a third edition within the space of a few years. As an encyclopedic dictionary of electrical science and its numberless applications, the work has been definitely assigned the rank of a standard, and numbered among those that should find a place on the reference shelves of every library and in every collection that aims to include at least the few best and indispensable books.

The third edition, which has just appeared from the press, contains an addition of about 20 per cent. of matter and brings the work down to the

year 1894. During the last two years many new electrical words and terms have been introduced, particularly in the classes relating to scientific nomenclature and alternating currents, all of which will be found in this latest edition of the Dictionary. Among the former is included the result of the work of the World's Fair International Electrical Congress and of the Committee on Units and Standards of the American Institute of Electrical Engineers, while proposed nomenclature from less authoritative sources, but nevertheless likely to be encountered by the reader, have not been neglected. The comparatively recent development in the field of electrical transmission of power, exemplified by the great Niagara plant among others, has brought forward the subject of multiphased alternating currents, the rotary magnetic field and many phenomena new to industrial electricity, and which as yet are scarcely to be met with in electrical book literature. All of these receive careful attention in the latest edition, not by mere definition alone, but also, in accordance with the plan of the work, with the accompaniment of clear and easily comprehended statements of the principles of science involved.

Some idea of the scope of this important work and of the immense amount of labor involved in it may be formed when it is stated that the Dictionary includes upward of 6,000 distinct words, terms or phrases, and 582 illustrations, all of which, with a few exceptions, were drawn especialy for the work. Each of the great classes or divisions of electrical investigation or utilization comes under careful and exhaustive treatment, and while close attention is given to the more settled and hackneyed phraseology of the older branches of work, the newer words and the novel departments they belong to are not less thoroughly handled. Every source of information has been referred to, and while libraries have been ransacked, the note-book of the laboratory and the catalogue of the wareroom have not been neglected.

The plan of the Dictionary is such as to bring it within the range of the entire community. In this electrical age such a work is an actual necessity to the general public to enable them intelligently to use their mother tongue, now becoming so thoroughly imbued with electrical words, terms and phrases, and which are so constantly met with in the periodical literature of the day, and in conversation respecting the manifold applications of electricity encountered in daily life. To the editor or journalist; to the intelligent reader of scientific periodicals, as well as of the newspapers and magazines; to the school teacher, the college professor, the lawyer, the doctor, the professional man generally, it supplies a work of reference no less indispensable than the general encyclopedia. To students of general electricity and of electrical engineering, and to those actually engaged in the electrical industries, it is not only an aid but an absolute necessity.

The Dictionary is a handsome book. The typography, as will be

seen from the specimen pages which follow, is excellent, being large and bold, and so arranged that each word catches the eye at once by standing out in sharp relief from the page. The volume is convenient in size, and the binding and paper are as perfect as can be made. In a word, the mechanical production of the book has been given special attention, and while no cost has been thus spared, it is yet placed within the means of all.

A SYSTEM OF LEGAL MEDICINE. By ALLAN MCLANE HAMILTON, M. D., Consulting Physician to the Insane Asylums of New York City, etc., etc., and LAWRANCE GODKIN, Esq. With Illustrations. New York: E. B. Treat, 5 Cooper Union, 1894.

This book should be received all over America with ready hands and open hearts. Until recently the contributions in the United States to the literature of medical jurisprudence have been exceedingly meagre, if we except Beck's classical but antiquated treatise, and other works limited in scope. For the purpose of studying this subject we have been in the habit of referring to foreign books which are written for translantic readers and in many instances this plan is inapplicablc and not in conformity with the legal usages of this country, therefore the appearance of this American treatise will be especially welcomed. This magnificent work contains nearly seven hundred pages, and one feature of the book is the articles upon special subjects prepared by distinguished members of the American Bar. These legal gentlemen have written articles upon subjects with which they are especially familiar, and in most instances they have acted in conjunction with a medical collaborator. This work under consideration is a repository of the most advanced ideas and valuable cases, containing very little threatbare material and the articles are illustrated by new examples. The scope of the work is very great, but its contents will be found to be practical and concise. Extraneous matter has been dispensed with, and the reader will be spared dry and uninteresting details and valueless decisions. Among the list of contributors will be found the names of James F. Babcock, Lewis Balch, PhD.,M. D., C. Field Bishop, A. T. Bristow, A. B., M. D., Benjamin F. Cardoza, W. T. Gibb, M. D., Walter S. Haines, A. M., M. D., Allan McLane Hamilton, M. D., Francis A. Harris, M. D., R. C. McMurtrie, Esq., C. E. Pellew, PhD., William A. Purrington, Esq., Brandreth Symonds, A. M., M. D., Victor C. Vaughan, A. M., Ph.D., M. D. He who will examine this volume will be convinced that to both the medical and legal practitioners, in the preparation of their cases, will find just such information as they need in this concise and easily accessible book. The editor has presented much experimental work and new material which is inseparable from advanced forensic medicine. This work will be comprised in two large royal octavo volumes, illustrated when practical and desirable by photographic reproductions from nature, and other drawings and special diagrams. The paper, press work and binding is of the finest quality. The prices are as follows: In substantial cloth binding, per vol., $5.50; in full sheep, uniform two styles, $6.50.

Sold only by subscription. The author concludes his preface in these words: It has been the aims of the editor and his associates to be as impartial as possible in their treatment of the different subjects, and it is expected that this work will further the rights of the people and the prisoner as well, and be in every way a safe and useful guide.

THE ECLECTIC PRACTICE IN DISEASES OF CHILDREN. By JOHN M. SCUDDER, M. D., Late Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute of Cincinnati, etc. Seventh Edition. Cincinnati: John M. Scudder's Sons, Publishers. Price, sheep, $5.00.

In the revision of this book the author has added the results of the last twelve years of his experience. In the preface it is stated that the practice of medicine in the past has been a chapter of horrors, which the truer civilization of the present will not tolerate. "We may endure the sufferings of disease, with some degree of equanimity, but we will not have those sufferings intensified by medicines." This is the feeling of the better class of people, and especially of parents with regard to their children. The first part on Infantile Therapeutics, have been entirely rewritten, and forms a good materia medica. In the third part the treatment has been mostly rewritten, and the reader will here find the most successful treatment of the eclectics. It is small doses of pleasant remedies for direct effect. Pleasant remedies and small doses is a system that is gaining ground among practitioners of all schools. Under part II. is considered the care and management of infants, washing the child, clothing the child, how often should the child be washed, etc., etc., are all fully discussed. Under the section on diseeses of childhood every disease that is peculiar and characteristic of childhood is given with symptoms, treatment, etc. I like the arrangement of the book, its classification and general make up. The author has made the descriptions succinct and explicit, stating what he believes to be true, and avoiding theories. The book is convenient in size, while the entire list of diseases of childhood has been studied, the work has been kept in that moderate compass that renders it of easy referenee to the busy practitioner. For beautiful printing and superb binding no publisher excels the well known firm of Scudder and Sons. All the eclectics will secure a copy of this work, and also all other progressive physicians.

A TREATISE ON APPENDICITIS, by GEORGE R. FOWLER, M. D., Examiner in Surgery, Medical Examining Board of the Regents of the University of the State of New York, etc., etc. Philadelphia: J. B. Lippincott Company, 1894.

No one subject has been studied with more care, and none as freely written about now, than the subject of appendicitis. In the contents of this beautiful book before us will be found the subject of appendicitis treated in every aspect from beginning to end. The first pages are devoted to anatomical considerations; following this is the chapter on the inflammatory lesions of the appendix. The etiology of appendicitis is very

fully and cleverly presented. The book contains about 200 pages, nicely illustrated with many handsome plates. The mechanical part of this book is exceptionally fine.

THE SCIENCE OF VITAL FORCE: Its Plan, Division of Function and Operative Methods in Health and Disease. An Involuntary Agency of Nature that can be Harnessed and Utilized. By W. R. DURHAM, M. D., Author of "Higher Medical Culture." Boston: Damrell & Upham, 1894.

This is a very peculiar and strange book. Leaving the introductory we come to chapter I, statement of the situation. Under this chapter is found this quotation from Holmes: "Every now and then a man's mind is stretched by a new idea, and never shrinks back to its former dimensions." Chapter II, the Plan of Operative Vital Force, Division of Duties and Ultimate Functions. Chapter III, Applications of Vital Principles and Significant Paragraphs. Chapter IV, Ultimate Vital Properties. Chapter V, Fundamental Principles in Relations with Disease. Chapter VI, Disease Germs. Chapter VII, Toleration. Chapter VIII, Medical Practice. Chapter IX, Sensation and Sensibility. Chapter X, Pneumonia. Chapter XI, Miscellaneous Paragraphs.

OLD ENGLISH BALLADS. Selected and edited by FRANCIS B. GUMMERE. 12mo, pp. XCVIII-478. Boston: Ginn & Co. $1.35.

In the "Athenæum Press Series," to which Professor Gummere's work belongs, Messrs. Ginn & Co. aim to furnish a library of the best English literature to the general reader as well as the student. Professor Gummere has, as a matter of course, been largely indebted to Professor Child in the preparation of his volume. The introduction, reaching nearly a hundred pages, is based upon a course of lectures which the author gave at Johns Hopkins University last year. It is a scholarly, critical study of the origin and nature of ballad poetry of the popular (or to use Professor Gummere's word, "communal") type. The use of moderately fine type in appendices, notes and glossary permits a book containing a large selection of representative English ballads to remain of convenient size. It will be of interest to all concerned with the early popular literature of our mother tongue.

THE RECRUDESCENCE OF LEPROSY, AND ITS CAUSATION. A Popular Treatise. By WILLIAM TEBB. London: Swan, Sonnenschein & Co., 1893. Pp. 20-21 to 412.

In the first chapters of this work the author states that the awakening of public interest in the leprosy question is due to the accumulation of evidence from nearly all parts of the world, showing that this fearful scourge, for reasons which are now being investigated, has greatly increased, and is still increasing. Leprosy is perhaps the most terrible disease that afflicts the human race. It is hideously disfiguring and hopelessly incurable. It is the most deplorable disease that the imagination can conceive, then it is no wonder that the philanthropists in these enlightened

days are thinking and writing about this subject. This work contains something over four hundred pages; it gives an account of Leprosy in the various countries where it existed and still exists. The author states that this disease is on the increase. I can hardly agree with him on this point, although he gives an elaborate account of the increase of Leprosy in India, as the Indian Leprosy Commission, in its report, suggests a decrease rather than an increase in the fatal disease. Nevertheless this a most valuable book, showing that the author has spared no time in getting his reports and statements as accurate and correct as possible.

In regard to the results of vaccination, in the author's personal statement, he says that in nearly all the countries in which he has traveled, and that has been everywhere, he has made it his business to inquire into the methods and results of vaccination, procuring information from public officials and from intelligent private individuals, and he has hardly ever inquired without hearing of injuries, fatalities, and sometimes wholesale disasters, to people in every position of life, and these have occurred from the use of every variety of vaccine virus in use. The book contains a good index, and is published by Swan, Sonnensshien & Co., London.

A MANUAL OF HYGIENE. By MARY TAYLOR BISSELL, Professor of Hygiene in the Woman's Medical College of the New York Infirmary. 8vo., Cloth, $2.00.

The consideration of the subject is based on the modern scientific theory of the origin of disease and the methods of prevention deduced from this. It is intended to be practical and to accord with the best American usage. It is designed to supply the want of a concise text-book, both for medical students and for use in advanced schools and colleges.

Its treatment includes the subjects of Air, Water and Soil, with special reference to their contamination, and the diseases that may result from this. Drinking-water—its relation to typhoid fever, cholera, etc., and the necessary public and private measures for guarding its purity, the hygienic significance of the dust of the air as a carrier of disease, the relation of the soil to illness, its drainage, etc., are specially considered under these heads.

Foods—their classification and function in nutrition, the diseases which may be carried by them are considered, and the purity of milk, with the state and household measures necessary to ensure this have prominence.

The Hygiene of the Dwelling, including the subjects of ventilation, heating and plumbing, is practically treated. School hygiene has a separate chapter devoted to it.

Personal Hygiene, and the subjects of growth and development are treated, with special reference to children. Exercise, as an important factor, is considered in a separate chapter.

Preventable diseases, especially such as are communicable, are considered with reference to their specific cause, when known, and methods of disinfection, both public and household, are described in detail.

The Baker & Taylor Co., Publishers, 5 and 7 East Sixteenth Street, New York.

ROMANCE SWITZERLAND. By W. D. MCCRACKAN, M. A. Two vols. 32mo, pp. 284-323. Boston: Joseph Knight Company. $1.50.

Mr. McCrackan, author of the "The Rise of the Swiss Republic," has had an acquaintance with Switzerland for a period of many years. The two small volumes now coming from his pen are intended mainly for the tourist, and are written in an easy, intelligent style. Mr. McCracken has aimed to supplement Baedeker by a work of convenient pocket size, "which shall add historical and biographical details to each place, and suggest local color and atmosphere." In the preface, the reader is warned against the old idea of a relation between the glorious scenery of Switzerland and the (supposed) pieturesque, romantic characteristics of its people. Mr. McCrackan thinks "the Swiss, as a whole, are the most practical, matter-of-fact and common-place people in the world."

These books are dainty in size and very pretty in appearance. They are very interesting.

BREAD FROM STONES. A New and Rational System of Land Fertilization and Physical Regeneration. Translated from the German. Price, 25 cents. Philadelphia, Pa.: A. J. Tafel, 1011 Arch street, 1894.

This somewhat informal little book, translated from the writings of Julius Hensel and other German writers, is designed to introduce to the people of the United States a subject that is of vital importance to every one, young and old. It puts forth the idea that fertilizers can be obtained from rocks and stones in a much better quality and much cheaper. It will turn stones into bread and make barren regions fruitful, feed the hungry, make agriculture again profitable, etc., etc.

SHARP TRACTS ON HOMŒOPATHY. Fourteenth Thousand. Philadelphia: Boericke & Tafel. 1894.

This work embraces 232 pages, and is divided into the following chapters:

I. What is Homœopathy?
II. The defense of Homœopathy.
III. The Truth of "
IV. The Small Dose of "
V. The difficulties of "
VI. The Advantages of "
VII. The Principles of "
VIII. The Controversy of "
IX. The Remedies of "
X. The Provings of "
XI. The Single Medicine of Homœopathy.
XII. The Common Sense of "

Maltopepsine TILDEN'S

A UNIQUE AND PREPOTENT DIFESTANT.

PROMPT, PLEASANT AND RELIABLE.

What Is It? Maltopepsine is a dry powder, essentially of Malt-Diatase, Pepsin, Hydrocloric and Phosphoric Acid, with a pleasant, sweetish acid taste.

What About It? It appeals to the good sense of the thoughtful Physician, (1) because it combines the three indispensable elements of a perfect digestive ferment. (2) Because it has fully demonstrated its value by exacting clinical tests in many forms of Indigestion, Dyspepsia, Vomiting of Pregnancy, Lyenteric and Dysenteric Diarrhœa, Sick Headache, Cholera Infantum and the Indigestive Diarrhœa of children.

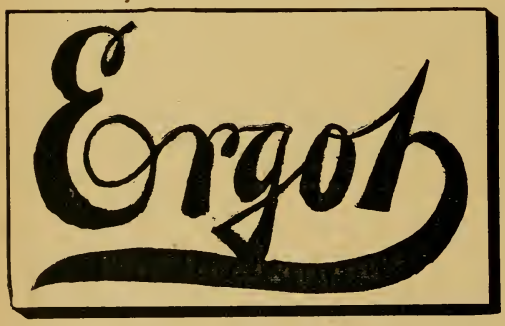
ELIXIR MALTOPEPSINE

(Each f. drachm contains 10 grs. Maltopepsine.)

Is the same thing in a liquid form. It has a beautiful, clear, claret color, and is as grateful to the taste as a tart grape wine. Peculiarly adapted to the stomach and bowel ailments of children and persons who find powders objectionable.

FREE SAMPLES of the Maltopepsine (dry) will be sent by mail. A *full pint bottle* of the Elivir by express, prepaid, on receipt of 50c. for packing and carriage.

PREPARED ONLY BY **THE TILDEN CO., New Lebanon, N. Y.**



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Internal and Hypodermic Use

STANDARD

875 Grains Test Solution to the Ounce.

ADVANTAGES.

Strength (1) BEING THE STRONGEST—It requires a smaller dose; is more economical, and more uniform in strength and action.

Purity (2) BEING THE PUREST—It does not nauseate; may be used *HYPODERMICALLY* with entire safety—will not cause sores or abscesses; produces natural expulsive pains; is prompt and energetic in its effects.

Free samples will be sent to Physicians who have not had an opportunity and may desire to try it.

PREPARED ONLY BY **THE TILDEN CO, NEW LEBANON, N. Y.**

Literary Notes.

The Review of Reviews for September might well be called an international politics number, the word politics being used in its broadest sense. Every line of this whole compact issue is up to date and directly pertinent to the great problems that concern the world at the present moment. The most elaborate article is entitled "Political Japan and Its Leaders," by Mr. C. Meriwether. The writer is a Johns Hopkins graduate, who spent some years as a professor in a government institution in Japan, and who has written the present article with reference to all these conditions which have brought Japan to a domestic and foreign crisis, the result of which is the existing war with China. Mr. Meriwether gives us clear accounts of the most significant party and military leaders. Under the title of "The Work of the Fifty-third Congress," the Review furnishes a record of the legislation of the past year, and devotes several pages of fine print to the actual tariff schedules, placing the McKinley rates and the new rates side by side. This is a service that will be particularly appreciated during the pending campaigns. Mr. W. B. Shaw of the Review staff has also compiled for this number a summary account of the important laws that have been enacted by the fifteen State legislatures which have been in session within the past six or eight months. Dr. Albert Shaw, editor-in-chief of the Review, presents an article on the new Hawaiian constitution, evidently prepared from a close study of the complete document. He points out many interesting features, and regards the work of the Hawaiian convention as evincing a high order of statesmanship.

The Popular Science Monthly closes its forth-fifth volume with an issue of marked and varied excellence. Especially seasonable is the opening article on The Football Situation, by Prof. E. L. Richards, of Yale. Prof. Richards sets forth the many advantages of the game, and maintains that the evils ascribed to it are unreal or can be removed by changes soon to be introduced. Prof. James Sully contributes the third of his Studies of Childhood to this number, taking up The Questioning Age, and giving a vivid picture of the curious gropings of a child's mind for knowledge. An account of The American Champagne District, with a description of the various processes in the making of champagne, is given in an illustrated article by Lee J. Vance. The district is not California, as many would suppose, but the lake region of New York. In Some Lessons from Centenarians the mode of life of two hundred persons of this class is given by Dr. J. M. French. An anthropometric study of The Half-blood Indian is contributed by Franz Boas, being accompanied by diagrams of various measurements. In West African Folklore, by the late Colonel A. B. Ellis, some interesting tales of the too lowly estimated people of the Slave Coast are given. Frederick Le Roy Sargent completes his evolutionary study

of Barberries. M. V. O'Shea depicts The Professional Training of Teachers according to modern ideals. J. H. Long presents a curious collection of Funeral Customs of the World. That science affects profoundly even literature is ably shown by Prof. W. H. Hudson, of Stanford University, in a paper on Poetry and Science. Tennyson is the poet who has most intelligently accepted the results of modern scientific thought. M. Jean du Gourco gives an account of the Astronomy of the Incas. There is a Sketch of Asaph Hall, the celebrated Washington astronomer, whose life struggles and triumps make an interesting story. The editor comments upon the recent suppression of the teaching of evolution in the State University of Texas and upon the Brooklyn Meeting of the American Association. New York: D. Appleton & Company. Fifty cents a number, $5 a year.

The value of Littell's Living Age as an educator cannot be easily over-estimated. It would be an interesting study, were it possible, to trace its exact influence during the fifty years of its existence in developing a refined and catholic taste. It certainly is not too much to say for it that it has from the first had a formative influence upon American thought, and upon the expression of that thought in American literature. And it increases in value as it grows older and as the number of foreign magazines increase. Recent issues contain some magnificent articles: notably one by Gladstone, in the issue of September 8th, on "The Place of Heresy and Schism in the Modern Christian Church," and "The Poetry of Robert Bridges," by Edward Dowden in the No. dated August 25. "Alsace and Loraine," "Competitive and Examinations in China," "History of English Policy," "Iceland To-day," and many other equally good, testify to the undiminished lustre of this brilliant eclectic, and proving it still the well-nigh indispensable friend of the intelligent and educated people of this busy age.

No better opportunity was ever offered for subscribing to this magazine, for the publishers will send *absolutely free* the weekly issues for the remainder of this year to every *new* subssriber *now* remitting for the year 1895. Address Littell & Co., Boston.

The Open Court Publishing Company, of Chicago, announce the speedy publication of a new work, The Gospel of Buddha, by Dr. Paul Carus. The book, which is a simple exposition in the words of the original gospels of the life and doctrines of Gautama Buddha, as they bear upon the religious thought of the present, has received the approval of several orthodox Buddhistic churchmen, and is to be translated at once into Japanese by the ecclesiastical head of the Zen sect. The book will be elegantly and appropriately bound.

Popular Scientific Lectures and Essays is the title of a new book of popular science, is now in preparation by The Open Court Publishing Company of Chicago. The book is from the pen of Prof. Ernst Mach of the University of Prague, the author of the beautiful work on "The Science of Mechanics" recently published. The lectures and essays of this book, which the publishers promise will be equal to anything of their kind in English, have never been published before in collected form.

Reprints.

Stomatitis Neurotica Chronica, by A. Jacobi, M. D., Clinical Professor in the College of Physicians and Surgeons, (Columbia College,) New York. Reprinted from the transactions of the Association of American Physicians. 1894.

The Production of Diseases by Sewer Air, by A. Jacobi, M. D., Clinical Professor in the College of Physicians and Surgeons, New York. Reprinted from the New York Medical Journal for July 28th and August 4th, 1894.

Chairman's Address, read in the Section on Obstetrics and Diseases of Women, at the Forty-fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5-8, 1894, by Joseph Eastman, M. D., LL.D., formerly Professor of Anatomy, and Professor of Gynecology and Abdominal Surgery, Central College of Physicians and Surgeons, Indianapolis, Ind. Chicago: Printed at the office of the Journal of the Association. 1894. Reprinted from the Journal of the American Medical Association, August 4, 1894.

No. 245 Warren Ave., Chicago, Sept. 1, 1894.

Yale Chemical Company, Chicago, Ill.:

Gentlemen:—Your preparation, "Gurania," is a very valuable pain reliever, and I recommend it highly to those of my colleagues who have not as yet tested it. I have prescribed it extensively and have used it personally, so I am aware fully of the therapeutic virtues of the drug. In my experience it has proved itself to be a perfect safe and most efficient analgesic. I have never seen any bad effects follow its use, but have always been pleased at the results of its exhibition.

Respectfully yours, John A. Benson, M. D.

Chicago, September 3d, 1894.

Yale Chemical Company, *City:*

Gentlemen:—I have used Gurania in the treatment of hemicrania and have come to regard it as a very useful addition to the resources of the physician in the treatment of that and other varieties of neuralgia.

Wm. E. Quine, M. D.,
Professor Practice of Medicine, College Physicians and Surgeons.

THE

Biochemic System of Medicine

EVERY PROGRESSIVE PHYSICIAN who has given any consideration whatever to the Tissue Remedies of Schuessler readily recognizes the great need for such authentic literature, relative to the proper preparation, pathological action, general treatment and administration of the renowned founder of Biochemistry. The author's and publisher's many years of acquaintance and association with Schuessler have given them many important results of the application of these remedies, never before issued

BY

any other publisher.

The book contains 444 pages, printed on the best book paper, and is very neatly and tastily arranged, and replete with clinical cases.

PART I. consists of a general sketch of the subject of Biochemistry, including health, disease, cellular pathology, the chemical constituents of the tissue cells, cell-salts, etc.

The author,

Dr. Geo. W. Carey,

deals with the subject in a purely logical and scientific manner, and does not resort to ridicule or to tearing down the cherished opinions of other schools to gain his point.

PART II. comprises the Materia Medica of the twelve Tissue Remedies, their synonymns, common names, symptoms, general action and characteristic indications.

PART III. embraces the therapeutical application of the Tissue Remedies, diseases and their treatment.

PART IV. The repertory is complete in every detail, and a key to the entire work. It is

Now Ready for Delivery,

and can be obtained of all booksellers and pharmacies, or of the publisher.

Price, Cloth, $2.50; Half Morocco, $3.50.

F. AUGUST LUYTIES, Publisher, - ST. LOUIS, MO.

"In Dr. Carey's book the acme of scientific investigation and deduction has been attained. It is truly an honor to the grand old Schuessler to have his views expressed so masterly, and a pleasure to his many adherents. DR. BAXTER."

Mississippi Valley Medical Association.

INDIANAPOLIS, IND., September 1, 1894.

The Twentieth Annual Meeting of the Mississippi Valley Medical Association will occur in Hot Springs, Ark., November 20, 21, 22 and 23, 1894.

The Association is now in a more prosperous condition than ever before, and no efforts will be spared to make the meeting at Hot Springs not only the largest but the most interesting and profitable ever held. Indeed, its success is already assured, many valuable papers by most excellent authors having been promised.

Hot Springs is an ideal place of meeting, and November in that charming Southern health resort is the most delightful month of the year.

Socially, the visit will be enjoyable in the extreme, as the physicians and citizens, with their characteristic hospitality, are united and enthusiastic in their endeavors to make the sojourn of their guests pleasant.

The railroad rates will be very low and will be announced later.

Physicians are cordially invited to be present at this meeting

Respectfully, FREDERICH C. WOODBURN, Secretary.

Referring to the above letter, THE CHARLOTTE MEDICAL JOURNAL would urge all members of the profession to lay aside their medicine cases for a season and pay a visit to this charming resort, the Carlsbad, so to speak, of America. The sessions of the Mississippi Valley Medical Association are always largely attended, second only to those of the American Medical Association, while the work accomplished is of the highest order.

From a recent publication we copy the following concerning Hot Springs:

The Hot Springs of Arkansas have the merited reputation of being one of the "Wonders of the World," and seekers of pleasure and lovers of sight-seeing, as well as those in search of health, will be well paid by visiting them. They are situated on the mountain, in the creek and in the valley of the same name, 55 miles southwest from Little Rock, the capital of the State, and 22 miles from Malvern, the junction of the St. Louis, Iron Mountain and Southern, and Hot Springs railroads, and are connected by rail with all points in the United States and Canada.

It is conceded that the efficacy of the waters of these springs, for many diseases, far excels Baden-Baden and all the celebrated springs of the new and old world. They issue forth from the western slope of the Hot Springs mountain (a spur of the Ozark mountains), at an elevation of 700 to 800 feet above the level of the sea; the most of them from 30 to 75 feet above the level of the valley, and a few near the margin of the creek.

These waters are now nearly all concentrated in large air-tight tanks built by the United States government, and will bathe 19,296 persons daily, allowing twenty-five gallons for each bath.

In the hottest springs an egg can be cooked in fifteen minutes. All the springs on the east side of the creek, flowing from the Hot Springs

mountain (excepting one), are hot, and all on the west side (excepting the alum spring) are cold.

Dr. William Elderhorst's analysis of 100 grammes of the so-called Arsenic Spring is here inserted:

	Grammes.
Lime	0.059024
Silicates	0.045600
Sulphuric acid	0.019400
Magnesia	0.0007629
Chlorine	0.002275
Sapo	0.004650
Potash	0.001560

Prof. Owen, after quoting from Dr. William Eldorhorst's analysis of the waters, proceeds to give his idea of their medicinal effects, and the causes that have operated to impart to them medicinal effects, and the causes that have operated to impart to them such extraordinary heat:

"In many forms of chronic diseases especially its effects are truly astonishing. The copious diaphoresis which the hot bath establishes opens in itself a main channel of the expulsion of principles injurious to health, made manifest by its odor. A similar effect in a diminished degree is effected by drinking the hot water—a common, indeed almost universal, practice among invalids at the Hot Springs.

"The impression produced by the hot douche, as above described, is indeed powerful, arousing into action the sluggish and torpid secretions; the languid circulation is thus purified of morbid matters, and thereby renewed vigor and healthful action are given both to the absorbents, lymphatic, and to the excretory apparatus—a combined effect which no medicine is capable of accomplishing.

"The large quantity of free carbonic acid which the water contains and which rises in volumes through the water at the fountain of many of the springs, has undoubtedly an exhilarating effect on the system, and it is no doubt from the water of the Hot Springs coming to the surface charged with this gas that invalids are enabled to drink it freely at a temperature at which ordinary tepid water, from which all the gas has been expelled by ebullition, would act as an emetic."

CHICAGO, September 3d, 1894.

YALE CHEMICAL COMPANY, *City:*

GENTLEMEN:—I have found Gurania useful as a remedial agent in a large number of cases in which I have employed it. Gurania, its active principal, is furnished us in a convenient form in the past few months, and I have found it equally efficacious and think very highly of it.

Yours truly, H. P. NEWMAN, A M., M. D.,

Professor Clinical Gynæcology, College of Physicians and Surgeons.

Meeting of Medical Publishers.

The first annual meeting of the American Medical Publishers' Association occurred at Hot Springs, Va., on August 13th and 14th, and proved a most profitable and happy event, many of the members being accompanied by their ladies, who enjoyed the pretty scenery and lent a graceful charm to the occasion. An overland trip to Warm Springs comprised a pleasant feature of the first day. After the transaction of the usual routine business, the President, Dr. Landon B. Edwards, read an able paper on "Advertising and Advertising Agencies," which was well received and ordered printed. The reports of the Secretary and Treasurer were examined, and the finances of the Association found to be in good condition. Thirteen applications for membership were presented and acted upon favorably. The secretary was instructed to investigate the laws of different States governing charters of incorporated bodies, and report at the next meeting. Dr. J. W. Clausen, of the *Times and Register*, Philadelphia, was elected to fill a vacancy in the executive committee. Upon motion it was decided that all annual meetings hereafter should be held just prior to the sessions of the American Medical Association, the next meeting being set for Monday, June 5, 1895, at 9 A. M., in the Eutaw House, Baltimore, Md. CHARLES WOOD FASSETT, Secretary.

Creosote Carbonate in Tuberculosis.

It is quite erroneous to assume that the Creosote Carbonate treatment is a more expensive one than that by the ordinary Beechwood Creosote. On consideration it will be found that it is really the more economical method of the two and particularly is cheaper than creosote pills or capsules. It must be borne in mind that the Creosote Carbonate is administered in liquid form, whereas the Beechwood Creosote, by reason of its irritating effects, can rarely be taken in a pure state; and when dispensed in the form of pills or capsules its cost is increased so much that it is really greater than that of Creosote Carbonate. It may indeed seem that Creosote Carbonate is more costly; but this is because so much larger doses of the carbonate are used and are well tolerated by the patient; nor must it be forgotten that the larger doses are very much more efficient. The expenditure at the moment may be greater, but it is confined to a shorter time. As a matter of fact it requires less money to effect a cure with the Creosote Carbonate than with the ordinary creosote treatment. The Creosote Carbonate treatment takes but a fraction of the time that the older methods do, and when we consider the expenses incident on prolonged sickness, the balance is greatly in favor of the new method.

The following example will prove our assertion: The average cost of 100 1-grain creosote pills to physicians is 50 cents; consequently one ounce avoirdupois (437½ grains), $2.19. On the other hand physicians can obtain from their druggists one ounce of Creosote Carbonate (containing 402½ grains creosote) at very much less than one-half that price.

Precautions Necessary in the Use of Pessaries.

Neugerbaner has collected 282 cases in which pessaries have been the cause of more or less grave lesions of the genital organs, including twenty-three perforations of the bladder, twenty of the rectum, one of both the bladder and rectum, two of the *cul-de-sac* of Douglas, three of penetration of the pessary into the pelvic connective tissue, six into the uterine cavity, four of introduction of the pessary into the bladder through a fistula, and a very large number of cases of para and peri-metritis and even peritonitis and septicemia, including eight fatal cases, eight cases of carcinoma of the vagina, and many cases of incarceration in which the pessary could be extracted only by surgical means.

In spite of this long and varied list of accidents the author by no means rejects the pessary from the gynecological armamentarium, but does insist that when the use of a pessary is decided upon great care shall be taken as to its form, size, and the substance from which it is made, and that furthermore, the patient shall subsequently be under the control of the physician. N. himself generally uses globular or ovoid pessaries.

The author lays great stress on the point that the patient should exactly understand how to withdraw the pessary herself. In cases of prolapsus the patient should understand how to withdraw the pessary at night and insert it in the morning herself, and in cases of pessaries used for aetro-displacements the patient should be taught to withdraw the pessary herself on feeling the slightest pain from its presence, and not to be forced to wait until her physician can do it for her.—*Ex.*

Opiates not to be Preferred.

Pain, while being conservative, is often times unkind and must needs be modified and controlled. Remedies like morphia which tie up the secretions, are often objectionable. Antikamnia has no such unfavorable effects. As a reliever of neuralgia dependent upon whatever cause, and rheumatism and gout, it is of great value. In the intense pains ever present in the pelvic disturbances of women, cellulitis, pyosalpinx, et. al., it is to be preferred over opiates.

This drug, for convenience and accuracy of dosage, is now prescribed, to a great extent, in the tablet form. Patients should be instructed to crush the tablet before taking, thus assuring celerity.

The manufacturers have thrown around their product the security of specially protected packages, for both powder and tablets. And each tablet bears a monogram indicating its composition. Physicians should, therefore, insist on the presence of these conditions.

Dr. Auguste Langlois, Professor of Mental Diseases in the Medical Faculty of Nancy, and the author of several important monographs, is dead.

Dr. JULIUS FEHR'S

"Compound Talcum"

"BABY POWDERS,"

—THE—

"HYGIENIC DERMAL POWDER"

—FOR—

Infants and Adults.

Originally investigated and its therapeutic properties discovered in the year 1868 by Dr. Fehr, and introduced to the Medical and Pharmaceutical Professions in the year 1873.

Composition — Silicate of Magnesia with Carbolic and Salicylic Acids.

Properties: — Antiseptic, Antizymotic and Disinfectant.

Useful as a General Sprinkling Powder; with positive Hygienic, Prophylactic and Therapeutic properties.

☞ Good in All Affections of the Skin.

SOLD BY THE DRUG TRADE GENERALLY.

Per Box, plain, 25c., per box, perfumed, 50c.; per dozen, plain, $1.75; per dozen, perfumed, $3.50.

THE MANUFACTURER,

JULIUS FEHR, Ancient Pharmacist,

HOBOKEN, N. J.

Only advertised in Medical and Pharmaceutical Prints.

Mention This Journal.

Flavell's Improved Uterine Supporter. Price to Physicians, $2.

No leather to become hard and stain the linen. Made of Silk Elastic with Sateen Jean Trimmings. Never fails to give perfect satisfaction, even in the most difficult cases where any instrument can be used. Directions for Ordering: Give circumference of Abdomen two inches below navel, and state if for Prolapsus, Anteversion or Retroversion.

Fig. I.

ABDOMINAL SUPPORTERS.

DIRECTIONS FOR MEASUREMENT.

Give exact circumference of body at K, L, M.

PRICE TO PHYSICIANS:

SILK ELASTIC, $2.75. THREAD ELASTIC, $2.00.

Fig. 4.

☞ Never fails to give perfect satisfaction, and is very comfortable to the patient. It is indisdensable for women during pregnancy and confinement, as it prevents those bearing down pains which are experienced during gestation. Goods sent by mail upon receipt of price, or by Express C. O. D., charges for returning money added.

G. W. FLAVELL & BRO.,
1005 Spring Garden Street, Philadelphia, Pa.

☞ Flavell's Suspensory Bandages at all druggists. Send for Price List of Elastic Stockings.

THE CHARLOTTE OBSERVER,

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A Democratic Newspaper devoted to the advancement of North Carolina and the South.

Best press service and every facility for furnishing the latest news.

DAILY, $8 PER YEAR. WEEKLY, $1.00 PER YEAR.

THE OBSERVER COMPANY,

J. P. CALDWELL, Editor and Manager, - Charlotte, N. C.

NORTH CAROLINA MEDICAL COLLEGE,

——DAVIDSON, N. C.——

Three Years Graded Course. Instruction thorough. Tuition $75 per year. Other Expenses, $100 to $150. For particulars, address

J. P. MUNROE, M. D., Davidson, N. C.

HÆMOFERRUM
BLOOD IRON

A NATURAL protoid compound of Iron, thereby differing entirely from ARTIFICIAL mixtures of albumen or peptone with Iron. Hæmoferrum is true blood Iron, especially prepared from fresh bullock's blood, and contains ALL the Iron of the blood. It is very soluble, of sweet odor, of pleasant taste, neutral in reaction, and is NON-STYPTIC, NON-IRRITATING and NON-CONSTIPATING; in short, it is hæmoglobin, the concentrated active principle of the blood itself, in its best form, viz.: oxy-hæmoglobin. Hæmoferrum seems to possess all the desirable medicinal and therapeutic properties of Iron, without any of its objectionable features; therefore we believe it unequalled as an Iron preparation, and earnestly request the Medical Profession to give it a thorough trial. ☞ Samples, Literature and further particulars free on application.

FREDERICK STEARNS & CO., MANUFACTURING PHARMACISTS,

WINDSOR, ONT. DETROIT, MICH. NEW YORK CITY.

——The Most Complete and Perfect Apparatus——

—For Treating Diseases of the—

Nose, Throat, Middle Ear, Bronchial Tubes AND LUNGS.

THE **Globe Nebulizer**

Vaporizes Balsams, Oils, Alcoholic and Aqueous Solutions, etc., and applies them directly to the parts affected. All essential parts are made of HARD RUBBER. Descriptive circular and price list free. Address

H. M. DUNAP, M. D.,

No. 58 GRANT STREET, BATTLE CREEK, MICH.

Wheeler's Tissue Phosphate.

Wheeler's Compound Elixir of Phosphates and Calisaya. A nerve food and nutritive tonic for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Say Bone Lime Phosphate, Soda Phosphate, Iron Phosphate, Phosphoric Acid, and the active principles of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Detention, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

NOTABLE PROPERTIES: As reliable in Dyspepsia as Quinine in Ague. Secures the larger percentage of benefit in Consumption and all Wasting Diseases, by determining the perfect digestion and assimilation of food. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of women and children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best general utility compound for tonic restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

DOSE:—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age. Prepared at the Chemical Laboratory of

T. B. WHEELER, M. D., Montreal, P. Q.

☞ To prevent substitution, put up in pound bottles only, and sold by all druggists at One Dollar.

READ THE PAMPHLET SENT YOU.

Trional as a Hypnotic in Asylum Practice.

In the treatment of the protean forms of mental disease encountered in asylums for the insane, Trional has proved a safe, reliable and effective hypnotic and sedative, pleasant to take and free from irritating effects on the gastro-intestinal tract. The latest contribution to the therapeutics of the remedy is an article by Dr. Karl Grunfeld, a physician to the Insane Asylum, (Pester Med. Chirurg, Presse No. 47, 1894,) who has carefully compared the action of Trional with that of other hypnotics in forty cases. The following is a resume of these experiments:

In simple agrypnia, melancholic depression, conditions of moderate oppression as well as in mania not attended with violent hallucinations, a refreshing sleep of six to eight hours duration is produced often by doses of 1.0 gm. and always by 1.5 gm., the dose need but rarely be increased to 2.0 gm., and if so especially in paralytics.

The agrypnia which is secondary dementia is usually dependent upon conditions of irritation, or is caused by the varied hallucinations of the insane, can frequently be combatted by 1.5 gm. Trional, and 2.0 gm. will fail to exert an effect only in special and exceptional cases.

In the more active conditions of excitement of chronic mania, and in paralysis attended with moderate motor restlessness, 2.0 gm. Trional usually had a reliable action, the effect being absent or very slight on the first, but satisfactory during the following days.

In paralytics suffering from extreme motor and psychical maniacal excitement a satisfactory effect can only exceptionally be expected from 2.0 gm. Trional, while in many cases even 3.0 gm. proved inactive.

As a sedative Trional was tested in but one case and gave very satisfactory results. Grumfeld thinks that smaller doses will be required for this purpose, since 1.0 gm. sufficed to produce sleep in a case of chronic mania. A good effect was also obtained from the remedy in fractional doses in a case of obstinate restlessness produced by marked hallucinations. In conclusion, the author remarks that while the introduction of Trional in psychiatric practice must be regarded as a gain, this concerns even more the general practitioner, since in the forms of insomnia met with by the latter the remedy proved of positive value.

Dr. I. B. Gilbert, of Philadelphia, writing for Medical Summary for June, says: "I consider Sanmetto as a remedy for prostatic derangements eminently useful. After two years use of it in my practice I have become very favorably impressed as to its merits. Its action upon the prostate gland comes nearer a specific than any other remedy with which I am familiar; it relieves cases of irritable bladder and difficult micturition in old men so as to make life much more comfortable. I am now using it in gonorrhœa after the inflammatory stage has passed, with good resnlts.

The Use of Hæmoferrum in the Treatment of Anæmia.

Wm. Thornton Parker, M. D., Groveland, Mass.

The elixir of life was the dream and the ambition of the ancient alchemists. A genuine tonic is one of the most important medicines for which our modern pharmacists give their best scientific efforts.

The need for this class of remedies is very urgent. The times have changed, and so have the constitutions of mankind. The active, nervous, endless labor of the present century, has brought about this need.

Nine-tenths of our patients are suffering from anæmia, and require a genuine tonic.

This prevalence of anæmia we find among all classes; the professional man, the mechanic, the servant girl and her mistress; children, adults and old people; the factory girl and the society girl.

Our growing girls very generally require iron.

So great is the prevalence of diseases arising from anæmia or chlorotic conditions that the fact has become generally known, and is being made use of by all sorts of dealers in drugs, food supplies, and even confectionery. Our medical journals, magazines, and the daily press are filled with advertisements concerning tonics. The public waiting rooms, the tram cars, and even the walls and fences, bear testimony to the tonic (?) action claimed for so many useless, and in some instances, dangerous compounds offered for general use.

Iron is recognized by our best authorities as the most important tonic obtainable. A few standard preparations made in England, France and Germany, are worthy of consideration as genuine tonics.

The American preparations of iron are excellent, elegant in appearance, and reliable as chalybeates. They are mostly in the form of elixirs. The pills, tablets, etc., are intended for convenience.

A large class of our patients cannot carry with them to their places of business a bottle of tonic, and for these some solid preparation of iron is necessary. Many of the pills and tablets are positively injurious. They are difficult for absorption; in many instances are constipating, and sometimes are passed through the bowels unchanged.

Hæmoferrum (blood iron) pilloids are something decidedly new in practical therapeutics. As a tonic this preparation will be found very convenient. Hæmoferrum is the element iron united with proteid matter as it exists in the blood itself. It is a natural proteid compound of iron, and contains all the iron present in the blood, it being the principal constituent of the red blood corpuscles.

It is presented in pseudo-crystalline, or semi-powdered, form; of pleasant taste, agreeable odor; neutral in reaction and very soluble. It is not anexosmotic, consequently does not constipate. It is non-poisonous, therefore, if taken in large amounts will produce no disastrous effects. Its

continuous use does not injure the teeth, since it is neutral in reaction, and, therefore, non-styptic. Being so readily and easily assimilated, it does not tax the digestive organs when they are in a weakened condition. It is aseptically prepared by an original process, and is, therefore, permanent.

The object of its administration is to increase the blood making properties, stimulate the appetite, and tone up the general system. All of these desirable conditions we have obtained from its use in our own practice.

In the treatment of consumption we require first of all a genuine blood tonic to build up the system, and to strengthen it so thoroughly that the diseased germs are overwhelmed, and the vitality of the patient is so much improved that exercise and fresh air can be obtained without further interruption.

The use of hæmoferrum, in combination with a creosote treatment, is the best we can do for our tuberculosis patients to-day.

Our American women, almost more than those of any other nation, require tonics. Anæmia and chlorosis are very prevalent, owing to catarrhal and other disorders which impair the general health.

These facts are so well known that all kinds of worthless patent medicines are forced upon the notice of our women in the daily papers.

Even the religious journals have taken up the plan of advertising patent medicines to relieve the ills of women. These are all more or less cheap and injurious compounds, necessarily sold at high figures to cover the enormous expense of advertising. Some of the more dangerous of these compounds pretend to have originated with women, as if alone the experience of disease fitted any woman to prepare medicine for the use of others. By the use of these irresponsible preparations countless women are continually receiving serious injuries, more particularly in artificially produced diseases of the stomach and digestive system.

Almost every physician has under his care women who rely on the false promises and unblushing falsehoods of the advertisements of medicine for women, made by women's friends, have at last discovered the deception, and have resorted to scientific physicians for aid.

Not many years ago our good old doctors made their own tonic pills, of generous size (they were often nearly as large as marbles). I remember being present once where a young lady consulted one of our eminent physicians of New England. She requested a tonic. The good doctor responded by thrusting his hand deep down into his pocket, and from amongst the contents of keys, knife and sundry other articles, found four or five big pills, which he placed in his patient's hand, with the accompanying advice: "One three times daily." Surely an unwelcome task.

For generation after generation our medical men have written learned prescriptions in the Latin tongue for preparations they called "tonic" (save

the mark!) Black, inky compounds these, disagreeable to the taste, sickening to the stomach, and disastrous to the teeth and to the intestinal tract.

Recognizing the value of iron as a tonic, our good matrons of the olden time prepared iron water by placing nails in a jar of water. This rusty, musty compound they gave to confiding children to drink much to their disgust and precious little to their benefit.

Now all this is changed. The medical man prescribes elegant preparations of whose honest manufacture and scientific value he is reasonably certain. No tonic pills ever devised have excelled these hæmoferrum pilloids. Hæmoferrum is an invaluable constructive, or more properly speaking, reconstructive agent. It is useful in all forms of systemic depression, marked by debility more or less general.

In convalescence from pneumonia, la grippe, typhoid fever, etc., it is very valuable in the treatment of chronic diarrhœa, and other wasting diseases.

In diseases of women, such as leucorrhœa, weakness following childbirth or from prolonged nursing, this tonic is especially useful.

A genuine tonic is then one of the most valuable medicines to be sought after in the present time, and in this preparation of hæmoferrum we have a remedy worthy of both medical adviser and patient.

Home Treatment of the Drunkard.

Dr. Breed, in Medical News, reports seven cases treated in his private practice by the nitrate of strychnine. He injected 1-20 of a grain every evening, gradually increasing it to 1-12 of a grain on the twelfth day, and then decreasing it until the thirty-third day, when it was again 1-20 of a grain, and then decreasing five days down to nothing. He gave sulfonal to relieve the restlessness. By the third day the desire for liquor was abolished, and the appetite for food began to be felt. Under this treatment the mind became clear, the bodily strength returned, and the patient felt like a new man.

We believe the fluid extract of hyposcyamus given in ten to fifteen-drop doses two or three times a day would be preferable to sulfonal where there is a tendency to melancholly of hyperacidity of the stomach.

We would be pleased to hear from our physicians, who are treating alcoholics in their private practice, what they are using, their plan of treatment, and the result.

He rashly ate of peaches green,
And cucumbers *galore*
His residence may now be seen,
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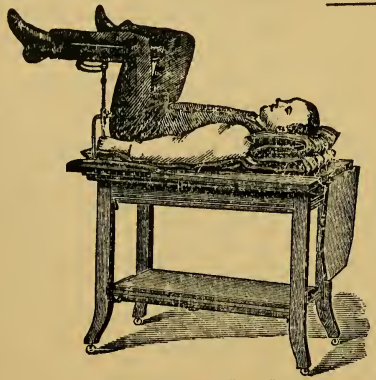

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Self-Infection in Child Bed.

F. Ahlfeld, in a paper published in the Zeitschrift f. Geb. und Gyn., reaches the following conclusions:

1. The occurrence of fever in child bed, originating without previous examination, cannot longer be doubted.

2. These fevers are, for the most part, unimportant, though severe and even fatal cases are probable.

3. In well-conducted institutions the number of fever cases resulting from self-infection in child-bed is larger than those caused by infection from without. The latter, however, are usually of a severer type.

4. The percentage of morbidity and mortality in an institution in which due care is taken to prevent infection from without, depends on separating the primiparæ from the multiparæ and on the number of operative cases.

5. Preliminary disinfection of the birth canal is an important prophylactic measure.

6. Sublimate remains the best disinfectant.

7. The seat of infection is generally not the external genitals, but rather the cervix and endometrium.

8. Most fever cases in child-bed are to be considered as resorption fever. They result principally from retention of the infectious child-bed secretions.

9. The seat of most active absorption is the uterine mucosa; next that of the vagina.

10. The poison taken up is, as a rule, promptly eliminated—probably through the urine.

11. Pathogenic micro-organisms are always to be found in the vagina. They need only a favorable culture medium to develop their activity. This they find in the decomposing contents of the vagina and uterus after labor. —*Brooklyn Medical Journal.*

Here is one of Jenner's squibs, for besides being a scientific physician, he often wrote bright and amusing verses:

"I've dispatched, Dear Lady Morgan, this scrap of a letter,
To say that Miss Charlotte is certainly better;
A regular doctor no longer she lacks,
And, therefore, I've sent her a couple of quacks."

With the above note came a couple of wild ducks. Lady Morgan's reply:

"Yes, 'twas politic truly, my very good friend,
Thus a couple of quacks your patient to send;
Since there is nothing so likely as quacks it is plain
To make work for a regular doctor again."

[*Cincinnati Medical Journal.*

A Case of Recovery after Threatening Symptoms from Snake-bite

In a recent number of the Indian Medical Record Mr. P. Fitzpatrick, of the British Indian Medical Service, gives a short account of the case of a Hindo woman, about thirty-five years old, who was brought to him with the statement that she had been bitten by a poisonous snake about an hour and a half before. She was semi-conscious and in a state of collapse, her teeth were clinched, froth exuded from her mouth, her arms and legs were rigid, distinct fang punctures were visible on the little toe, and the site of the bite was surrounded by ecchymotic discoloration. Shortly after the woman's arrival a dead snake, about eighteen inches long, was brought for Mr. Fitzpatrick's inspection. It was of the kind called by the natives *schectha* or *sourrcalla*, which they are said to consider quite as venomous as the cobra. It appears that the woman had been subjected to native treatment, for Mr. Fitzpatrick found it necessary to clear her mouth of *nim* leaves and to remove from the wounded limb the sacred mud, amulets, and charms that had been applied to it. He then applied compression to the femoral artery at the knee and also applied a ligature just above the seat of the bite. He cut into the punctured part freely and encouraged the bleeding. He also rubbed into the cuts a mixture of strong ammonia water and potassium permanganate. Besides this, he gave a hypodermic injection of five minims of the British solution of strychnine at once, and gave two more at intervals of two hours, at the same time using warmth and friction to the extremities. The patient rallied gradually, and the next day she was reported to be as well as ever, having insisted on going home the evening before.—*New York Med. Journal.*

Cascara Sagrada for the Elimination of Uric Acid.

It seems to be the accepted opinion that the pathology of uric acid is more a matter of defective elimination than of excessive formation. Osler says, "certain symptoms arise in connection with defective food or tissue metabolism, more particularly of the nitrogenous elements; and this faulty metabolism, if long continued, may lead to gout, with uratic deposits in the joints, acute inflammations, and arterial and renal disease."

Not getting the desired results, I was led to drop all the so-called antilithics, and rely simply and solely upon a single remedy—Cascara Sagrada. Repeated trials have convinced me that the faulty metabolism is more quickly remedied with this drug alone than with any other or combination.

Mrs. G., aged fifty-five, was for years subject to uric-acid storms, and without getting relief. I exhibited the aromatic fluid extract Cascara made by Parke, Davis & Co., in ten to fifteen-drop doses, two or three times daily as demanded, finally settling down to one single dose at the close of the day. The effect was not at once apparent, but within two weeks there

was marked amelioration of the aggravated symptoms, and in four weeks the swollen joints had almost resumed a normal appearance, the soreness having nearly disappeared. At this writing (two months having elapsed), there is no complaint whatever, but the remedy is continued. No change was made in the diet, as I desired to more fully test the remedy, and am fully satisfied that the good results were due solely to the Cascara. I have tried other brands of Cascara, but they have not been satisfactory, hence I have come to regard the fluid extract above alluded to as the only one upon which I can confidently rely. It never fails, hence my preference.—*Dr. W. H. Walling, in the Medical and Surgical Reporter, July 14th, 1894*

Translation.

BERLIN, S. O., August 22, 1894.

DR. HANS ARONSON, *Berlin:*

MY DEAR DOCTOR:—I have seldom experienced the satisfaction in the treatment of a sick child as was my fortune in the following case, which I feel bound to report to you in brief. It was in a child of seven, suffering from a severe though not purulent diphtheria. I employed your Antitoxine, and after two injections of two cubic centimeters of the lymph, the pharyngeal diphtheria, the hoarseness, and the acrid discharge from the nostrils retrogressed with a promptitude that excited my wonder and admiration, and in which a colleague whom I had called in consultation fully concurred. Before applying the remedy I had seen the diphtheritic exudation spread unto the uvula and involve the entire pharyngeal lymph-ring; the child was somnolent, and its pulse beating 60-65 to the minute, was weak; I was naturally very anxious lest I should lose the case. For three days the child's condition, under all manner of treatment, got steadily worse; *but when the injections were begun, the exudation rapidly diminished in the pharynx until there were only a few shreds left on the tonsils. To-day the little girl is playing; the membrane is entirely gone; the mucosæ are only slightly reddened; and the swollen glands of the neck have almost entirely retrogressed.*

The results in this case have been such that I cannot forbear to express to you my sincerest thanks for the preparation you have placed at our disposal. Fraternally yours,

(Signed) C. S. ENGEL, M. D.

One of the great annoyances that attend pregnancy is constipation. We find the *safest* and *best* laxative a woman can take when in such condition is an occasional dose of *Elixir Six Aperiens.* The physician should see that his patient's bowels are thoroughly emptied a few days before confinement, for it is our experience that the woman who keeps her bowels moderately open, especially before delivery, has a much easier time.

Relapses in Typhoid Fever.

Dr. Hugh U. Stewart contributes an instructive paper on this subject to the Practitioner for March. The writer defines a relapse as a second attack of typhoid fever, with a repetition of all the phenomena of the first illness, occurring in a patient who has become or is just becoming convalescent from the primary attack. The clinical history of fifty consecutive cases collected from the records of Guy's Hospital showed that men were especially liable to relapses, thirty-one of the patients being males and only nineteen females. Age appears to have no special influence, relapses simply occurring most often at that period of life at which typhoid fever is most common.

The interval of apyrexia between the primary attack and the relapse was, in the majority of cases, from five to eight days; but it may vary from one up to twenty-four days. In cases in which there were two relapses, the usual interval between the first and second relapse was at least double that between the first attack and the first relapse. The relapse is nearly always of shorter duration than the primary attack; and in cases with two relapses the second was never as long as the first.

Perhaps the most important clinical feature in these cases was the state of the bowels. Constipation was present in sixty-two per cent., the bowels were regular in twenty per cent., leaving only eighteen per cent. in which there was more or less diarrhœa. These figures seem to justify the view that constipation has an important relation to the occurrence of relapses.

In order to study the pathology of relapses, Dr. Stewart collected forty fatal cases from various sources. These cases show, without a doubt, that there is an important difference in the seat of ulceration in primary attacks and in relapses. In thirty-four of these forty cases, or eighty-five per cent. the large intestine contained recent ulcers, and the small intestine contained healed ulcers; while in sixty-five cases of single attacks collected for comparison, forty-eight, or seventy-five per cent., had the large intestine quite healthy, but the small intestine showed recent ulcerations. The author, therefore, holds that a relapse is due to a reinfection of the large intestine by sloughs derived from some part of the small intestine above.

It is generally agreed that a fatal termination to a relapse of typhoid fever is very rare. This is easily explained, according to Dr. Stewart, when we remember, first, that the relapse, owing to the acquired partial immunity, is not so severe as the primary attack, and, secondly, that the large intestine, which is the chief seat of ulceration in relapse, is thicker than the small. Thus the very important danger of perforation is to a large extent removed in a relapse, and we find accordingly that the prognosis, far from being worse, is considerably better than that of a single attack.—*N. Y. Med. Journal.*

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DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

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LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,
INDISPENSABLE FOR THE DENTAL TOILET.

DISEASES OF THE URIC ACID DIATHESIS.

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RENAL ALTERATIVE—ANTI-LITHIC.

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DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

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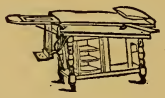

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Functional Pyrexia in Children.

By George F. Still, M. A., M. B. Cantab., Murchison Scholar of the Royal College of Physicians.

The liability of the temperature in children to undergo extensive fluctuations from little or no apparent cause is an everyday fact and an everyday difficulty that leads most medical men at one time or another into errors of diagnosis. That obscure pyrexial attacks are in some way correlated with the nervous instability of childhood is also a well-recognized fact; but hitherto no attempt, so far as I am aware, has been made to define the relations, beyond a tentative suggestion of some disturbance of thermotaxis. It has been proved, both by experimental and clinical observation, that organic lesions of the cortex of the brain have a marked effect upon the body temperature, and hence it has been concluded that the cortex exercises some thermotaxic function whereby it controls the thermolytic and thermogenic centres in the medulla and corpus striatum. It has not been found possible to localize such function to any particular area, the lesions producing the thermal disturbance being limited to the cortex, but not to any particular area of the cortex. It will be assumed for the purposes of the theory here propounded that this view is correct, and I think the ease with which the theory adapts itself to the facts will afford at least some evidence in favor of the assumption. Now the idea of disturbance without organic lesion, the so-called "functional" disturbance of cortical processes, alike of those that have been definitely localized and of those whose position is as yet only conjectured, is familiar enough and accepted by all. Few would deny that epilepsy, infantile convulsions, hysteria, and some forms of insanity are manifestations of functional cortical disturbance; chorea may be more doubtful in pathology, but, as Dr. Gowers says, "we can hardly resist the conclusion that the cortical motor cells are deranged in function" in chorea. If the motor, the sensory, and the psychical functions of the cortex may be disturbed, as we know they are in the above mentioned neuroses, without any demonstrable organic lesion, we should expect *a priori* that the thermotaxic function also would be liable to similar functional disturbance. Since, however, the thermotaxic mechanism would seem, like the psychical, to be rather diffuse than localized, one would expect that a disturbance, involving, say, the motor areas, would sometimes, if the thermotaxic mechanism be liable to functional disturbance, also disturb the adjacent thermotaxic processes. If, then, we found that it was not uncommon for the above neuroses to be associated with disturbance of temperature, the probability of functional derangement of cortical thermotaxis would be increased.

I have not thought it necessary to lengthen this paper by detailed cases showing this, but merely submit the following facts: 1. In epilepsy it is not uncommon to find the temperature elevated during the fit and

rising for a few hours after the fit—e. g., to 102° F.—then falling in a few hours to normal and there remaining. 2. Infantile convulsions are commonly associated with rise of temperature (I say "associated with" advisedly, as will be seen hereafter), and this rise of temperature is usually sudden and lasts only a few hours. 3. Chorea: the occasional occurrence of pyrexia of hitherto unexplained origin is noted by Dr. Gowers. 4. Hysteria: the pyrexia is, of course, well recognized. 5. Migraine: a rise of temperature during the attack is not uncommon. 6. Insanity: here it is difficult to say how far minute structural changes may cause the rise of temperature, but certainly in some forms of mania occurring occasionally in children, in which no post-mortem changes are found in the brain, irregular and hitherto unexplained pyrexia occurs. It seems only reasonable to conclude from such cases, in which there is no obvious cause otherwise for pyrexia, and in which the primary disturbance is by general consent limited to the cortex, that the same functional disturbance which affects the motor, sensory, or psychical mechanisms, affects also the thermotaxic mechanism of the cortex. The objection that the rise of temperature may be due to muscular activity in those cases in which it is associated with functional motor disturbance—e. g., epilepsy, convulsions, etc.—is negatived by the following considerations: it is absent in some cases in which the muscular activity is extreme; when present it is not proportionate to the muscular activity; and, lastly, it is too great to be accounted for thus.

Here, then, we have instances of functional pyrexia associated with other functional neuroses, and it is worthy of note in reference to such cases that the pyrexia usually is proportionate in rapidity of onset and in length of duration to its accompanying neurosis. Thermotaxis being liable to functional derangement, together with the other functions of the cortex, it seems but reasonable to suppose that as the motor, the sensory, or the psychical processes in the cortex may each be separately affected by functional disturbance, so also the thermotaxic may sometimes be the only process involved. The following headings will show the type of case, which I would explain thus:—1. Sudden and short pyrexial attacks occurring in the first dentition, with no other cause found—e. g., infant in apparently perfect health, teething, has sudden rise of temperature to 102° or 103°; a few hours later the temperature is normal, and remains so. 2. Similar pyrexia in older children (usually under five years old)—e. g., a boy aged three years, perfectly well at midday; at 6 P. M. complained of headache, and vomited; temperature 103.4°; next morning temperature normal and child perfectly well. 3. A still more evanescent pyrexia, familiar enough in the out-patient department of a children's hospital—e. g., child aged six has temperature of 102° in the out-patient room; two hours later, in the ward, his temperature is normal and continues so. A similar rise of temperature is often observed in hospital wards just after

visiting hours. 4. Prolonged and very irregular pyrexia often associated with little or no constitutional disturbance, occurring mostly in children of "neurotic" type, sometimes in children who are mentally deficient; no explanation hitherto found; age, from completion of first dentition onwards. 5. Prolonged, irregular, often intermittent pyrexia, lasting days, or even weeks, during first dentition. The first three would on this theory be classed with epilepsy and infantile convulsions as paroxysmal neuroses; the last two with chorea and hysteria as more prolonged functional disturbances. It will be observed that in (1) always and in (2) often (as in one of my own cases quoted) there is an obvious peripheral irritant—dentition in (1) and indigestion, etc., in (2). Thus the resemblance to epilepsy and infantile convulsions, in which there is so often some peripheral determining cause, becomes closer; and when it is considered how often, under similar conditions, the paroxysmal pyrexia may be replaced by convulsions or epilepsy, the cortical origin of the pyrexia will, I think, seem at least probable. And here I should like to suggest that the relation of pyrexia to infantile convulsions is not generally causal, as has been supposed; either may precede or follow the other, or they may as often occur together, both being manifestations of functional disturbance of the cortex.

From the foregoing considerations we can discriminate two forms of what might be called "functional ataxic pyrexia," viz., a paroxysmal and a prolonged; and either of these may, as we have seen, occur either in association with other functional disturbance of the cortex or as an isolated phenomenon. The condition when occurring as an isolated phenomenon is limited almost exclusively to children, and this is exactly what one would expect when one considers how unstable is the cortex in all its functions in the child; a pin-prick may start a convulsion, the most trivial event may cause wild excitement—why should not the thermotaxic function be equally easily upset? But, if this is so, increasing age, with its increasing stability of cortical equilibrium, should diminish the tendency to such disturbance. That it does so is surely the common clinical experience of all. In looking over the notes of collected cases of functional pyrexia, I find that the large majority are under five years old; after that age the number decreases markedly, and that of the few cases that occur over the age of fifteen almost everyone has in it some obvious "neurotic" element—e. g., hysterical or "neurotic" disposition. With regard to the important question (important rather for prognosis than for treatment) of distinguishing functional from what, for lack of better term, I will call symptomatic pyrexia, the functional, when it occurs as an isolated phenomenon, must, I fear, be recognized by negative rather than by positive signs—*i. e.*, by excluding other causes. As a general rule the younger the child, and the more "neurotic" the disposition, the more likely is the pyrexia to be functional. But in the prolonged form there are certain characteristics which occasionally help to distinguish it: (1) extreme

irregularity of temperature, rapid alternations of high and low; (2) fluctuations of temperature not agreeing in time with the usual diurnal maximum and minimum; and (3) absence often of the constitutional disturbance which would be associated with an equally prolonged symptomatic pyrexia. The pyrexia of dentition often illustrates these points well, and further shows the influence of age in the much greater frequency of its occurrence in the first dentition than in the second.

In conclusion I should like to point out that, while I believe many of the obscure pyrexial attacks of childhood to be rightly explained only by the above theory, I do not in the least wish to call every pyrexial attack for which no cause is found an instance of functional ataxic pyrexia; many remain, and always will remain, clinical mysteries, which doubtless would often be solved if the subsequent histories could be traced, or the connection proved with those old pleuritic adhesions, those calcified glands, or those fibroid patches in the lung which are so often found post-mortem, the only record of unsuspected disease in bygone years.—*The Lancet.*

Medical Observations Among the Eskimos.

Dr. Frederick A. Cook (*N. Y. Journal of Gyn. and Obst.*), who was with Peary in North Greenland, observes that between the 74th and 79th parallels the Eskimo lives on an absolute meat diet. Two-thirds of this meat is eaten raw and frozen and about one-third is cooked. For about ten months in the year they melt snow and ice for drinking water; they use no salt or any condiment, nor do they ever bathe. They are fat and round and the least excitement will cause blood to flow from their mucous membranes, and a slight cut will bleed for an hour or two. The girls marry at twelve or fourteen and the men about ten years later, although girls do not menstruate until nineteen or twenty. Deaths in childbirth are not uncommon. During the whole of the long arctic night their secretions and passions are diminished and depressed, resulting in great muscular debility. Their women do not usually menstruate during this period, and the race are only passionate periodically—this period being that of the sun's return—when they fairly tremble with passion's intensity. During this period they have their courtship, and the few weeks of the sun's stay are mostly taken up in the active and most assidious worship of Venus. Lactation lasts for from four to six years. Among the northern tribes there exists rheumatism and amygdalitis of the follicular type, also mild forms of la grippe. Further south 50 per cent. have phthisis, and la grippe carries away its thousands.

Dr. Joseph Price recently said: "I see large numbers of patients feeble, ill, and dying, too far gone for surgery. We had a few weeks ago a conservative paper which will cost five hundred women their lives during the coming year."

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(HAMMOND.)

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Professor William A. Hammond has made the important discovery that the sterilized extract of the ovaries of the common pig contains the animal extract required to specially nourish the human ovaries and restore them to normal activity.

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William Harvey.

By LUKE ROBINSON, M. D., San Francisco, Cal. Read before the California Academy of Medicine.

In this Columbian year, amidst our costly and showy celebration of the birth and labors of the great discoverer, whose heroic achievements gave to humanity a new world with vast expanse of territory and endless resources of wealth, it is meet that we turn our attention to that other great discoverer in the realms of science, whose life work is the beginning of modern medicine. I refer to the illustrious Harvey, the discoverer of the circulation of the blood.

Harvey was born at Folkestone, England, on April 2, 1578. Our future physician was placed, when ten years of age, in a grammar school at Canterberry, and there imbibed his preliminary knowledge of Latin and Greek. In 1593, being then sixteen years of age, he was entered at Caius College, Cambridge, graduating in Arts in 1597.

Having selected medicine for his profession, he betook himself to Padua, then the most celebrated school in the world. Here he became the student and assistant of the great anatomist, Fabricius, and here also he listened to the lectures of the world-renowned surgeon, Julius Casserius.

He studied with the utmost diligence, and from the first attracted the marked attention of his teachers, who were surprised at the accuracy and extent of knowledge which he evinced in the examinations preparatory to his doctor's degree. This was conferred upon him April 25, 1602.

He then returned to London, where he settled in practice, and in 1604 married a daughter of Launcelot Browne, a Fellow of the Royal College of Physicians and Physician to Queen Elizabeth. Harvey was admitted a member of the college October, 1604, and a Fellow June 5, 1607.

In 1608, having been strongly recommended by King James the First, he was elected physician to St. Bartholomew's Hospital, where he first expounded those original and complete views on the circulation of the blood which have since rendered his name immortal. It was not, however, until 1628 that he gave his opinions to the world at large, in his celebrated treatise, entitled "Exercitatio Anatomica de Motu Cordis et Sanguinis."

From the Christian era until the sixteenth century only two changes had been made in the theory of the circulation. Galen had discovered that the arteries contained blood as well as the so-called vital air or spirit. Linacre, early in 1500, knew that the blood was not stagnant, but had no conception of a continuous circulation, either in the lungs or system. The theory just prior to Harvey's discovery was that one kind of blood flowed from the liver to the right ventricle of the heart, thence to the lungs and

general system by the veins, and that another kind flowed from the left ventricle and general system by the arteries. They also supposed that the septum of the heart was previous and allowed blood to pass in some degree from the right to the left side. Neither at this time was the function of the heart as a motor power in the movement of the blood understood. Silvius had, it is true, discovered the valves of the veins, and Servetus, as well as Fabricius, had described in an indefinite way, the pulmonary or lesser circulation.

It was left to Harvey to enunciate thec omplete doctrine of the circulation of the blood, as well as to explain and give value to the discoveries of Fabricius and Servetus. He illustrated and proved, by numerous experiments, that the mechanism of the valves of the veins is not, as then taught by Fabricius, to control or check the flow of blood from the heart, but to favor its flow to the heart. Except the discovery of the capillary circulation, the work of Harvey was complete. This was described a few years after Harvey's death by Malpighi, but no one can read Harvey's work without believing that even the connection between the arterial and venous radicles was fully made out and understood.

Harvey was fortunate financially in his professional career. He was physician both to James the First and his ill-fated son, Charles the First. He was also lecturer and physician to St. Bartholomew's Hospital, where his best public work was done. His large fortune was left to the endowment of the Harverian Library of the Royal College of Physicians, which was unfortunately mostly lost in the great London fire of 1666. He retained the Lumlian lectureship, the duties of which he conscientiously discharged to the last. He had lived to see his grand discovery of the circulation of the blood universally accepted and inculcated as a cannon in most of the medical schools of Europe, and he is said by Hobbes to be the only one who conquered envy in his lifetime and saw his new doctrines everywhere established. He died June 3, 1657, at the advanced age of 79 years.

The private character of this great man, says Aiken, appears to have been in every respect worthy of his public reputation. Cheerful, candid and upright, he was not the prey of any mean or ungentle passion. He was as little disposed by nature to detract from the merits of others as to make an ostentatious display of his own. He lived on terms of perfect harmony and friendship with his brethren of the College, and seems to have been very little ambitious of engrossing a disproportionate share of medical practice.—*Occidental Med. Times.*

Eliza Worthington, a colored woman living near Chattanooga, Tenn recently gave birth to triplets, two *black* and one *white*. Three reputable physicians, who attended the woman, and some scores of private citizens, vouch for the truth of the story. Another argument for superfetation.—*Medical Age.*

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EDITED BY

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The American Disease.

It is a remarkable fact that many of the most valuable discoveries in materia medica have been made by laymen, and not until after a lapse of years adopted by the scientific world. The marvelous stories told by travelers of the uses to which the leaf of the Erythroxylon Coca was put by the South American Indians, were received *cum grano salis* by the general reader and met with ridicule from the medical world, and not until recently was attention fastened upon the "miraculous leaf," as it was called by early writers.

The fact that the Indian traveled for days carrying heavy burdens without food, being sustained by the leaf only, demonstrated its powers in sustaining vital energy and restraining tissue metamorphosis. This suggested its use in Phthisis and all forms of anæmia, in debility following fevers and after surgical operations. Coca has now taken its place as a reliable remedy in many conditions, such as sleeplessness, despondency, and as a general and heart tonic and invigorator. Its property of strengthening the voice, due to its being a tensor of the vocal chord, makes it very useful for the singer and public speaker, and it is a reliable aphrodisiac without being irritating.

Ordinary Coca Wines have some value in promoting digestion due to their stimulating properties, but many of the wines on the market are improperly prepared or have too high a percentage of alcohol, which impairs the true therapeutic properties of the Coca. Among the latter preparations, one known as "Maltine with Coca Wine" has attracted our attention. The well-established reputation of maltine as a food and digestive agent and as a vehicle was a guarantee that the combination of maltine with a carefully made Coca Wine prepared from fresh leaves and containing a small percentage of alcohol, would prove a valuable acquisition to our list of elegant pharmaceuticals. When it is known that each ounce of Maltine with Coca Wine contains enough diastase to digest thirty ounces of starch at the bodily temperature and all the active principles of thirty grains of assayed Huanaco Coca leaves, its value will be readily admitted.

"The American Disease," an irritable heart combined with indigestion and nervousness, so common among our business men and almost universal among women of the upper classes, presents a problem of ever-varying embarrassment to the clinician. Alcoholics may mitigate the symptoms of this condition temporarily, but lead to disastrous results. To try to give relief with opiates is little less than homicidal. Maltine with Coca Wine is an ideal combination in these cases, not only on account of the Coca but from the food and diastasic values of the maltine, and is not followed by habit symptoms, for when the condition is relieved, the remedy is no longer needed and its withdrawal is not followed by depression. In this particular, Coca differs from all other stimulants and narcotics.

A well-known writer happily characterizes the dual action of Maltine with Coca Wine in the following graphic manner: "The Coca boosts the patient and the maltine furnishes the peg that prevents him from slipping back." Other tonics afford only temporary stimulation with nothing to prevent the subsequent reaction,—*The National Medical Review.*

State of Indiana Against the Physio-Medical School of Marion and Indianapolis.

The State Board of Health, through its secretary, Dr. C. A. Metcalf, of Indianapolis, has instructed the president of the county board of health of every county in the State not to recognize the holders of diplomas of the above. Dr. Beck was refused license some time since, but he has continued to practice medicine in Elkhart. President Benjamin Snodgrass, of the college, will back him in the suit for a mandamus, and the State boards of health will look after the defense. A Mr. Stout, from Elkhart county, has a diploma from this school, but instead of practicing medicine he returned to the farm. He says that while he was in the Marion college he saw a diploma given to a man at the expiration of the term who had had but three weeks' study. The opinion in Elkhart county is that the State should cancel the charter, as other physio-medical physicians here will not recognize graduates of that school.—*Indiana Medical Journal.*

Carbolic Acid in Full Strength in Surgery.

Dr. O. H. Allis recommends the method originated by Dr. Gardner, of Bloomsburgh, which consists in the application of pure carbolic acid to extensive wound surfaces. For example, after the amputation of the female breast and ligature of the bleeding vessels, carbolic acid crystals dissolved in sufficient water for solution, are applied with a sponge to parts of the wound surface, which at once turns white. The wound is then washed with sterilized water and approximated, a provision being made for drainage of a considerable discharge which takes place. The advantages claimed by Dr. Gardner for this treatment are that it prevents systemic absorption, lessons shock, and acts as a local anæsthetic and hæmostatic. Dr. Gardner also resorts to it in all operations outside the pleural and abdominal cavities, such as amputations and resections. Dr. Allis has employed it with success in a case of threatened gangrene of flaps after amputation.—*Gaillard's Medical Journal.*

Mrs. D. Hayes Agnew has given $25,000 to the University Hospital of the University of Pennsylvania in memory of her husband. It is refreshing that the doctor's family should remember medical institutions. We wish they would remember medical colleges, as these especially lack ndowment.

A Case of Pyæmia Due to Appendicitis.

By RICHARD H. HARTE, M. D., Surgeon to the Pennsylvania and Episcopal Hospitals.

The history of the case I wish to present to you this evening is as follows: A. C., aged twenty-five years, a weaver by occupation, was admitted to the medical wards of the Episcopal Hospital, May 9, 1894, at the request of his medical attendant, Dr. Ferguson, supposing the man to be suffering from abscess of the liver.

On admission the following facts were elicited, which I have copied from the Resident's meagre notes: *Family history*, negative. *Previous history:* Enjoyed good health, although not especially robust; about three years ago recalls having a short illness ushered in by a chill, the prominent symptoms of which were sharp cramp-like pains referred to the lower third of the abdomen; was confined to bed for a week. (This was undoubtedly an attack of appendicitis.) *Present attack:* States that he was feeling perfectly well up to about two weeks ago, when he was awakened with sharp pains in the right iliac fossa, and in the course of the morning they were followed by a pronounced chill, succeeded by sweating; through the day he felt nauseated, and in the evening vomited.

Dnring the interval of two weeks from the time of his first attack until his admission into the hospital, he had always once in the twenty-four hours, and sometimes oftener, a decided chill followed by profuse sweating; pain, referred in the right iliac, umbilical and hypochondriac regions was almost continuous; the bowels were watery, and moved daily; the patient was confined to bed and growing weaker.

After his admission into the medical wards all his symptoms were referred to the region of the liver, over which there was distinct tenderness. The daily chill and high temperature (106° F.) naturally led my college, Dr. Morris, on the medical side, to suspect abscess of the liver, and he transferred the case to the surgical wards for operation.

On the day after his transfer to the surgical wards I found the case very much as above stated, the right hypochondriac region being tender on pressure, liver area increased. On examining the case in the ward before operation, I exposed but a small portion of the abdomen and noticed a distinct eruption, which I supposed was due to the vigorous use of a scrubbing brush. The case was then taken to the operating-room and etherized, and on a more careful examination of the abdomen under an anæsthetic, I found the eruption, which I had first supposed was due to the bichloride and friction, to be pretty generally distributed over the entire trunk, and in appearance was not unlike the eruption of typhus fever, or, in other words, a distinctly morbilliform eruption. The history at that time in my possession was rather negative, and I decided not to operate until more definite data could be obtained. On the following day I saw the physician under whose care he had been, and with my colleagues,

Drs. Deaver, Neilson and Morris, decided to make an exploratory incision over the region of the liver. The patient was etherized, and an incision corresponding to the right semi-lunar line gave a free opportunity to explore the surface of the liver, which appeared normal. An exploration with an aspirating needle failed to reveal any purulent collections. The region of the appendix was explored through the abdominal wound, suspecting that possibly it might be the seat of the trouble; but with the hand carried down over the liver to the right iliac fossa, no evidence of trouble was apparent.

After the operation the chills seemed to be less severe, not being so frequent as before, and the temperature not rising so high. The external wound closed quickly, and no symptoms relative to the operation were manifest. The next chill was four days after the operation, and did not rise nearly to within two degrees of the height of the previous one. The next chill did not appear until the fifth day, although the patient was gradually growing weaker, and died on the tenth day after the operation. After the second chill he began to expectorate bloody mucus, sometimes a cupful of blood being expectorated during the twenty-four hours.

A post-mortem examination revealed the liver slightly enlarged and filled with a large number of metastatic abscesses, the principal pus collection and largest abscess being in the left lobe. The appendix was entirely destroyed, and its position occupied by a small pus cavity holding about three drachms of pus. The cæcum for several inches beyond its attachment to the appendix was gangrenous. There were some septic deposits in the lungs, although no distinct infarcts were to be found. The reason I ascribed for the liver being affected, which is usually a secondary affection coming under the general circulation, is that the materies morbi coming from the appendix immediately entered the portal circulation—superior mesenteric vein—and consequently the first deposit would naturally be found in the liver.

The post-mortem here distinctly revealed a case of pyæmia, the primary cause of infection arising from the appendix. One peculiar feature in the case was the eruption, which was more or less misleading, although eruptions in suppurative fever, or pyæmia have long been recognized and are spoken of by Braidwood in his exhaustive treatise on that disease.

My object in briefly reporting this case to-night, is that I think it of no little interest (without wishing to go into the subject of pyæmia, which is so familiar to all the Fellows of the Society), throwing as it does more light upon the much mooted subject of appendicitis, and again, adding its weight to the testimony that the above mentioned disease is strictly a surgical affection rather than a medical one; for I feel certain that had the true condition of affairs been recognized at the outset of the attack, the ultimate termination might have been different.—*New England Medical Monthly.*

Coca Erythroxylon.

We need not enter into a full description of the history of the Erythroxylon Coca, as we believe that most medical men are fully acquainted with the principal facts concerning the plant. We may, however, recall to mind that the leaf is the only part of the plant used. Very much depends, therefore, upon the plucking of the leaf, and the time at which it is plucked; the subsequent care of the leaf being matter of considerable importance, and affecting very materially the preparations made from it. M. Mariani was the first in Europe who took up the study of the plant, and over 30 years ago commenced manufacturing for the medical profession the various specialties associated with his name, viz: "Vin Mariani," "Elixir Mariani," "Pate Mariani," "The Mariani," "Pastilles Mariani," etc., preparations which are known all over the world, and which have acquired their well-known reputation by their purity and efficacy. The stimulating and strengthening property of the leaf in its natural state has been tested by experienced travelers and botanists during several centuries, and it is this invigorating property which the physician wishes to bring into use, and which he is enabled to do in a palatable form by means of "Vin Mariani," this wine being indicated where there is great depression, long continued exhaustion, and where a special stimulative action is desired. "Vin Mariani" is agreeable, palatable, imparting by its diffusibility an agreeable warmth over the whole body, and exciting functional activity of the cerebro-spinal nerve centres. We have frequently prescribed this wine, and we can, from practical experience, recommend it.—*The Provincial Medical Journal, London, Eng.*

Fluid Extract of Kola is a valuable tonic stimulant, indicated in nervous depression. Unfortunately, however, it is acrid and bitter in taste, and taken in this form is decidedly unpalatable. Messrs. Frederick Stearns & Co., of Detroit, Mich., have, after considerable experimental investigation, devised a compound which they call "Stearns' Kola Cordial," which is one-fourth the strength of the Fluid Extract, each fluidounce representing 120 grains of Kola (Sterculia Acuminata) but is free from the acrid bitterness of the drug. It possesses the agreeable odor and characteristic taste of true Kola, and as a stimulant is prompt and active.

Physicians desiring to test this new product will be forwarded sufficient samples for clinical test on request.

Are you still pouring cod liver oil and emulsions, loaded with nauseating and disgusting material, down the throats of your enfeebled and delicate patients? Codliver Glycerine contains only the active medical properties of the oil with all these nauseating materials eliminated. It is sweet, pleasant, palatable and mixes readily with all medicines.

Koch's Cure for Diphtheria,

While the treatment of tuberculosis by inoculation has been only in a measure, satisfactory, it has led to investigation in other fields and has resulted in a discovery which promises to be of great value to mankind. As in the other cases, this new treatment consists in securing immunity by the inoculation of the modified virus of the disease. This immunity is acquired by the introduction into the blood of a ferment which in some way neutralizes the toxic agent produced by the specific bacillus. Unlike tuberculin, this agent is said to be absolutely harmless, producing no constitutional symptoms whatever, either in healthy or diseased subjects.

It is held that a subject may be effectually protected in this way against the disease at any time prior to the development of the first symproms and that it exerts a positively curative effect upon most cases treated within the first forty-eight hours of the disease.

The preparation of this agent is attended with many difficulties and requires a high degree of skill and experience in bacteriological work, to say nothing of the long time (four or five months) required to render animals immune to the disease so that their blood may be utilized for remedial treatment.

The Health Department of New York City has rendered an inestimable service to the profession by instituting free bacteriological examinations of suspected cases—a work which is second in value only to these later investigations which the medical world is watching with so great an interest.—*New England Medical Monthly.*

Gift of Dr. Wilson Fox's Plates of Diseases of the Lungs to Medical Schools.

In a letter to *The Medical Press and Circular*, Drs. Sidney Coupland and W. R. Gowers direct the attention of the managers of medical schools in England, the Colonies and America to the fact that there is a considerable number of the surplus sets of the colored plates of Dr. Wilson Fox's "Atlas of Diseases of the Lungs." These contain the most perfect representation of morbid states of the lungs ever produced. They will be of great value to medical schools, if framed and placed in the museum or post-mortem room. It is, therefore, proposed to give a set to each medical school the dean or manager of which desires it; a certain number will be reserved until October to give colonial medical schools an opportunity of obtaining them. The sum of 40 cents should be sent to Messrs. Mintern Bros., 84 Southampton Row, London, W. C., England.—*Boston Med. and Surg. Journal.*

The following advertisement appeared in one of our daily papers: "Wanted—A gentleman to undertake the sale of a patent medicine. The advertiser guarantees it will be profitable to the undertaker."—*Truth.*

Simple Maxims,

Doctor, here are a few simple maxims for you to impress upon your humble patrons:

1. Maintain an invariable recurrence of defecation.

2. Ingest not that which will digest not.

3. As related to the caput, preserve a thermic excess in the pedal terminus.

4. Shun straightforward aerial influxes.

5. Keep your textile vesture in consistent relationship with your meteorological environment.

6. Let your pandial repast generously exceed the others.

7. Seek your vespertine couch in the distal aspect of the gloaming, and accrue to erectitude consentaneously with the lark's initial matin chirp.

8. Avoid intense luminous reflexes while poring.

9. Contemplate not the vinous product when it is ruddy.

10. Be non-excessive in indulgence through the entire category of things that be.

11. Cachinnate and wax obese.

12. An intact intellect within a hale corpus is the *summum bonum*, with reference to all that most nearly affects you.—*N. C. Medical Herald.*

Abortive Treatment of Gonorrhœa by Permanganate of Potash.

Large injections of permaganate of potash methodically used is the best method of treatment yet introduced. Its advantages are, being absolutely painless in cases of anterior urethritis and scarcely painful in cases of inflammation of the whole tract; it can be commenced or left off without inconvenience; it has no detrimental action on the mucus membrane, but suppresses every trace of discharge from the first lavage, and is successful about eleven times out of fifteen. The size of the injection and its frequency and strength must be adapted to individual cases. Generally strengths of 1 to 4,000, or 1 to 2,000, or even 1 to 1,000 are tolerated.—*Revue de Therap. Med. Chir.*

A damage suit for $25,000 is pending in Baltimore, the only grounds being, so far as can be seen, that the body did not look as well after the autopsy as it did before, and that it was sewed up with red thread. Fortunately the doctor who opened the body was also the coroner, so that the case will probably fail. If the red thread charge is true, however, it is a pity. There is no need of such carelessness, and instances like these, obtaining wide publicity, tend to turn the people more strongly against autopsies, and in this way one man's thoughtlessness or negligence reacts on a thousand progressive physicians.—*Ex.*

The Operative Treatment of Ulcer of the Stomach.

At the late Congress of German surgeons, Knester reported the case of a 21-year-old man who showed symptoms of ulcer of the stomach soon after straining himself severely at lifting. A year or so afterward severe hemorrhage from the stomach occurred so frequently that the patient was brought to the point of death. The much dilated stomach was opened and a deep ulcer found on the posterior wall near the pyloric end. This was thoroughly cauterized with the Paquelin, and as no opening into the intestine could be found a wide communication between the stomach and the jejunum was made. The patient recovered completely and is able to do any kind of work.

A Medical Contest.

A half dozen full size bottles of Codliver Glycerine will be delivered free of charge to the physician who sends the best answer to the following question before January 1st, 1895:

Q. "Why has the sale of Codliver Glycerine increased tenfold in one year? Considering the financial stringency."

Give your answer plainly and state the Journal you saw this in.

CODLIVER GLYCERINE CO., ST. LOUIS, MO.

It seems that London doctors have just discovered a new source of grievance in the fact that it is now possible to obtain medical advice at "store prices." Several co-operative stores have retained doctors who may be consulted, provided the patient shows a ticket or give a number at reduced rates. Considerable anger is felt among members of the profession at this pecuniary and social cheapening of doctors' prices, and the British Medical Council may be appealed to.

It is impossible to estimate the number of people who die annually of exhaustion in sickness while receiving the treatment that their diseases respectively demand. The friends and relatives are told the same old story: "You did not call me in time. He died of exhaustion before the medicines had time to correct the disease." Renew your patient's strength with Codliver Glycerine and bridge them over this period until the curative medicine has had time to act. It mixes with all medicines.

University College, Liverpool, Eng., is just now the subject of special good fortune. Recently the Earl of Derby and Mr. George Holt made provision for the endowment of the chairs of Anatomy and Pathology in that institution, and now it is announced that the Rev. S. A. Thompson has presented to the college the sum of $75,000 in order to build physiological and pathological laboratories.—*Ex.*

WHEN you want results in all cases of stomach troubles, such as indigestion, gastritis, and dyspepsia, and

WHEN no results have been obtained from the old time remedies, try **Liquid Peptonoids with Creosote,** and

WHEN you know that each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol, then

WHEN you read the formula combining as it does the antiseptic properties of creosote with the nutriment of **Liquid Peptonoids,** and

WHEN its administration shows it to be an efficient tissue builder, it will commend itself to you at once, and

WHEN in gastro-intestinal disorders of children, it also supplies both a food and remedy combined, and

WHEN you have a case in which you would like to try it, write for free samples and literature.

WHEN you have tried it, the results will be such that you will thank us for calling your attention to it.

Send for
"SUPPRESS IT."

THE ARLINGTON CHEMICAL CO. YONKERS N.Y.

The recent outbreak of cholera in Russia has given rise to the usual number of theories, new and old, to account for its propagation, some of these are interesting and amusing, but, at the same time, hardly advance the state of our knowledge of the disease. In the first place, the people whose faith is firmly rooted to the germ theory clamored that, as contaminated water is such a fruitful source of disease, the river Neva must be the cause of the plague. Forthwith the water was tested, with the result that about 3,000 to 3,500 cholera microbes were found in a cubic inch. Unfortunately for the theorists the water of the Spree was similarly tested, and a cubic inch contained 60,000,000 cholera germs; but Berlin has not been troubled with cholera this year. In Caucasia the people believe that contamination follows from the slightest contact with the skin of another person, and, in consequence, hankshaking has been entirely abolished. The Caucasian, it may be noticed, seldom washes his hands. Then, again, the police of St. Petersburg had a theory of their own. They noticed that those who were more or less addicted to drink were among the first attacked by the scourge; but to carry this idea to a practical conclusion was not easy. However, the governor did his best; by a simple command he closed the greatest part of the "kabaks" and "traktirs," the St. Petersburg equivalent of our saloons and restaurants. Beer and tea were not considered by the police to be alcoholic liquors.—*Cin. Med. Journal.*

Shall We Quarrel With Our Neighbors?

It is unnecessary for us to adversely criticise our medical neighbors. Assured of our principles, we need not contend with those who decry us, but can pursue our way without fear of successful antagonism. Honest differences of opinion should be discussed frankly and without passion. Inuendo and abuse are not argument. Life is short at most; days come and go, and we pass away. Let us then not spend time in recrimination He will succeed best who quietly pursues his calling, not finding too much fault with his neighbor; rather endeavoring to show his superiority by works than words. Your friends will fight your battles for you. Success in the treatment of your patients is the best ammunition you can furnish your adherents.—*Ec. Med. Journal.*

Recent reports from Vienna say: Cholera of a terribly virulent type is raging in Russian Poland. The medical authorities are unable to cope with the disease owing to the fact that the inhabitants conceal their sick and treat them in their own way. The chief centres of the disease are Pinczow, Miechow, Stopnica and Dzialczyce, where the inhabitants are camping in the woods. In Galicia in one day there were two hundred cases of cholera and ninety-five deaths from the disease. In Bukowina there were fourteen cases and ten deaths.—*Cin. Med. Journal.*

Danger in the Use of Glycerine.

Some time ago Pilzer recommended intra-uterine injection of glycerine to induce premature labor. Pjannensteil (*Deutsch Med. Wochenschrift, 30, '94,*) has tried it in two cases with unfortunate results. In the first case severe nephritis occurred during pregnancy and it was decided to induce a miscarriage in the hope of saving life. Glycerine was injected into the uterus and death occurred soon after, and as the urine was found to be bloody, which it had not been before the use of the glycerine, P. is inclined to think that its use hastened the fatal termination. In the second case an abortion was sought to be produced on a healthy woman on account of a very narrow pelvis. This was first attempted with bougies without success. Seven days later glycerine [how much?] was injected between the uterine wall and the fœtal sac. Severe and very painful contractions at once commenced, but soon ceased; pain, however, continuing for some time. An hour after the injection the patient was somewhat cyanosed, with quite a high fever and a slow pulse. Urine drawn with the catheter at this time was deeply colored with blood and contained much albumen. This condition of the urine continued for ten hours; it then began to clear up, and at the end of twenty-four hours had a normal color, though it contained albumen for another day. After the first few hours the patient had no particularly alarming symptoms, aside from the urine. In the discussion following the report of the case, Mikulicz mentioned having observed hæmaturia several times after filling freshly scraped out tuberculous cavities with iodoform-glycerine and immediately closing the wound; and in one, where, in a four-year-old child, two large peri-articular abscesses had been scraped out and thus filled, death occurred four days after, the urine being very bloody and the post-mortem showing acute parenchymatous nephritis, œdema of the lungs and fatty liver. Silbermann has shown that in the lower animals glycerine, injected subcutaneously, acts as a powerful blood-poison, leaching out the blood-corpuscles and causing them to shrink, thus causing decided disturbance of the circulation in the way of stases, thromboses and emboli. When injected between the fœtal sac and uterine walls it evidently acts as a subcutaneous injection does.

The newest Chicago notion appears in the exposing of signs upon the up-to-date Reliance building reading: "Office Homes for Physicians to Let, Ninth and Fourteenth Floors." Upon each of the floors designated is a large waiting hall and twelve consultation rooms. Physicians whose offices are in the residence districts, but who desire an hour or two daily down town, lease a consultation room for that particular time. Upon its expiration the doctor locks his instrument cabinet and gives up the quarters to the "10 to 12" man, just as he in turn will make way for the "12 to 2" lessee,—*Cin. Med. Journal.*

The Neuralgia of the Toothless.

In the Journal des Practiciens there is an article on this subject by M. Duplay, in which he remarks that this form of facial neuralgia is supposed to have its origin in the compression of the dental nervous branches by a condensing alveolar osteitis. The neuralgia of the toothless is seen also in others, for recently M. Duplay observed a case in which the attacks had recurred for seven years, and had not yielded to treatment. Any movement of the mouth produced pain. The majority of the patient's teeth had been extracted, but the neuralgia persisted, and resection of the infra-orbital nerve was done. Nine months after that the pain returned, and all the teeth of the right upper jaw were extracted, except the two incisors and the canine. The pressure had given rise to severe pains. This neuralgia, says the author, was analogous to that of the toothless; there were none of the classical Valleix's tender points, but there were pains radiating toward the ear, the neck, and the eye. Pain was produced by pressure on the alveolar border of the right upper jaw, and, finally, there was an alveolo-dental periostitis. With regard to the treatment, says M. Duplay, sulphate of quinine might be prescribed successfully if the neuralgia was idiopathic and intermittent. Symptomatic neuralgia with a nervous lesion indicates other treatment. This is a specific reflex neuralgia, having the dental lesion for its origin. Resection of the facial nerve had been done, but had given only temporary relief. Excision of Gasser's ganglion could be performed, but it was a dangerous operation, and M. Duplay preferred to attempt the resection of the alveolar border near the seat of pain, as advocated by Gross, of Philadelphia, in 1870, aud advised it in the neuralgia of the toothless.—*N. Y. Med. Journal.*

One of the Most Important Remedies

OF THE PRESENT DAY FOR DISEASES OF THE GENITO-URINARY TRACT.

Charles L. Lumley, L. R. C. P. I., L. M., etc., etc., Great Portland street, London, W., England, says: "I have no hesitation in stating that *Sanmetto* is one of the most important remedies of the present day for diseases of the genito-urinary tract—having had ample experience of its use in gonorrhæ and acute cystitis, in both of which kind of cases it acted in a most marvelous and rapid manner. I prescribe *Sanmetto* in every case where it is indicated, and it has always been rich in results, and well deserves all that is said of it."

Intestinal Indigestion with Fermentation.

℞ Salol.....ʒj
Pancreatin.....gr. xl
Oleoresin capsici.....mxx
ℳ ft. in pil. No 20. —*Therapeutic Gazette.*

Use of the Abdominal Draining-Tube Determined by Bacteriological Examination.

By C. B. Penrose, M. D.

The subject of drainage in abdominal surgery is one about which there is still great difference of opinion, though this difference is much less than it was only a few years ago. Some operators never used drainage at all after any operations, and yet obtained exceedingly good results; while others obtained equal results, and their statistics showed that they employed drainage in a proportion of their cases, which varied, according to the individual taste of the operator, from five or ten per cent. to seventy-five per cent.

The general advice given by the advocates of drainage was "when in doubt, drain." It was this element of doubt which caused the diversity of practice. The doubting operators drained the most. Everything which increases our knowledge in regard to the facts which determine drainage diminishes our doubts and brings about more uniformity of practice.

We drain the abdomen for two reasons—for hemorrhage and for septic material. As the experience of the operator increases and his skill in enucleating tumors becomes greater he has less hemorrhage, and, other things being equal, he drains less. Our methods of controlling hemorrhage in abdominal operations are better than they were a few years ago, the Trendelenburg posture enabling us to check bleeding from small vessels in the bottom of the pelvis, which before the introduction of this position required drainage. The operator who enucleates pelvic tumors with two fingers and closes the abdomen without seeing what he has done will necessarily have much more doubt in regard to hemorrhage and will use the drainage-tube much more frequently than the operator who inspects the field of enucleation before closing the abdomen.

The second reason for drainage is the septic character of the material which escapes or is retained in the abdomen. Knowledge in regard to this fact is of great value in deciding about drainage in any case.

During the past winter, at the University Hospital, an immediate bacteriological examination has been made of the contents of every tubal or ovarian tumor which was ruptured during removal. And the report of the pathologist in regard to the septic or the aseptic character of the contents has determined my decision in regard to the use of the drainage-tube.

I, unfortunately, have no record of the total number of cases in which such examinations have been made; but the results have been exceedingly satisfactory, for out of a series of forty-six cœliotomies, in which drainage was used but three or four times for hemorrhage, and only once because the microscope showed the material which escaped into the abdomen to be septic, there has been no case of peritonitis or sepsis.

The tubal contents in most cases of salpingitis are sterile. Shauta (*Archiv. fur Gynecologie*, 1893, No. 44), reports one hundred and ninety-two cases of salpingitis, in one hundred and forty-four of which the contents of the tubes were sterile, in thirty-three were gonococci, and in fifteen streptococci or staphylococci.

Before I began to use this method of bacteriological examination, I inserted a drainage-tube in every case of tubal and ovarian abscess where the contents escaped into the peritoneum. Now I neither irrigate nor use the drainage-tube unless the microscope shows these contents to be septic. The presence of gonococci in small numbers does not necessitate drainage. Recently the value of this bacteriological examination was illustrated by two cases operated on consecutively. Each woman had a tubo-ovarian abscess, caused by sepsis at labor. In each case the abscess was ruptured during removal, and the pelvis filled with pus. In the first the pus was found to be sterile, and I closed the abdomen without irrigation or drainage. In the second one pus contained streptococci and staphylococci and coli commune. Consequently, the pelvis was thoroughly washed out and drained.

Both women recovered without peritonitis or sepsis, though the convalescence of the first was very much easier than that of the second.

The examinations have been made for me by Dr. Beyea. Cover-glass preparations of the material to be examined are made and are fixed in the flame of an alcohol lamp, and stained with carbol-fuchsin. The microscopic examination is made with a Leitx 1-12 immersion lens.

The examination is quickly and easily made, and I think that no operating-room is completely equipped without facilities for such bacteriological examinations. They furnish us with scientific data from which we can determine the propriety of an important surgical procedure, which otherwise depends upon the whim or prejudice of the operator.—*New England Med. Monthly.*

Over-Modest Female Physician.

It may be too good to be true, but "it is going the rounds," nevertheless, that a handsome young lady stepped into the office of the young bachelor Secretary of a State Medical Examining Board.

She (modestly): "Are you the Secretary of the —— State Board of Examiners?"

He (bashfully): "Yes, ma'am."

She: "I want a license to practice medicine in this State."

He: "You will have to be examined first."

She: "By you alone?"

He: "No, ma'am; before the full Board of Examiners."

She: "Before the whole Board? Why that is terrible—I cannot consent. I was hoping you alone would do it."—*Virginia Med. Monthly.*

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Large attendance heretofore. No preliminary session. Large new City Hospital with all modern conveniences and equipment. Laboratory and clinical facilities, and Practical Anatomy in abundance. Practical teaching a feature of the school. Board cheap, city healthy, and the climate all that could be desired. Requirements those of the Association of Southern Medical Colleges in which this institution holds membership. For catalogue address E. A. COBLEIGH, M. D., Dean, or J. R. RATHMELL, M. D., Secretary, Chattanooga, Tenn.

Special Notice.

We have a limited number of the following books on hand, which we will furnish postpaid on receipt of the prices indicated on the right-hand margin:

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Medical Review Visiting List,	160	Lthr. lapel	1.00	.70
Nurse and Mother (Cole),	153	Cloth	2.00	1.23
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Humors of Homœopathy.

Richard Bentley, the famous scholar who had as much experience of controversy as any man that ever lived, used to say that no man was ever written down except by himself. We commend this maxim to the attention of the disciples of Hahnemann. These guileless persons often complain that they are evil-entreated by the professors of scientific medicine, their doctrines being misrepresented and their practice unjustly ridiculed. But are not their worst enemies those of their own household? Take the following samples of their teaching as set forth in all seriousness in their own organ. The American Homœopathist gravely assures all whom it may concern that if a patient sleeps with his knees apart Chamomilla is indicated; if with his legs stretched out at full length, pulsatilla; if with one leg drawn up and the other stretched out, stannum. If the patient has his head always turned to one side, cina is indicated; if he bends his head forward, staphysagria; if backward, hyoscyamus. So much for the head and the legs. The hands and arms are the object of still more mysterious refinements. If the patient lie with his hands on his abdomen pulsatilla is indicated; the same drug is to be used when a woman sleeps with her hands over her head, but when a man does so, he requires nux. There is something suspicious in this difference in which we fear the "New Woman" will see a fresh instance of the denial of equal privilege with the tyrant man. We confess ourselves utterly unable to appreciate the clinical significance of the phenomena that have been enumerated; it would almost seem as if the prophets of the pilular philosophy believed man to be under a curse like that of Ernulphus, and that he is banned in all his limbs—in sleeping, in sitting, in lying, etc. There is one position of the hands which, strangely enough, is not provided for; the resources of homœopathic therapeutics seem to fail before the contingency of a patient who, like the vulgar little boy of the Ingoldsby Legends, should "put his thumb unto his nose and spread his fingers out." This omission is the more remarkable since the homœopathic practitioner would seem to be prepared for even less decorous manifestations on the part of his patients. Thus we are told that "if a patient 'cusses' you, spits in your face, and pulls your whiskers," you are to soothe her excited feelings with chamomilla. There is a refreshing candor about the following: "If a patient gets suddenly better, it is a bad sign"—for the doctor, we presume.

The North American Journal of Homœopathy published recently an article on "Some Peculiar Sweats," in which also the subtleties of homœopathic therapeutics are strikingly displayed. Thus we are told that if only the upper half of the body sweats, nux vomica or opium is the thing; if the lower, crocus cyclamen; if the back, anita or phosphorus; if the right side, aurum or sodium; if the left, fluoric acid and jaborandi; if the face alone, ignatia. Lastly, if the patient sweats "in spots" the sovran's

thing for this condition is tellurium. For sweats in the morning, angostura (to the profane mind more suggestive of dinner-time) is prescribed; for sweats while eating you have a specific in "oleum animalis;" we can only hope that this drug agrees with those to whom it is administered better than the component elements do with each other. It is interesting to learn that if the sweat smells like horse's urine its natural fragrance may be restored by nitric acid. Then in the Southern Journal of Homœopathy we find some curious information about "Peculiar Coughs." Thus, when the cough comes on at the inconvenient hour of 6 A. M., you must put your trust in cedron; if it is worse when the patient lies on his belly give him baryta; if it is worse when lying on the left side, mercurius. We are unkindly left in the dark as to what is to be done if the cough is worse when the patient lies on his right side or on his back. When the cough is aggravated by music creosote is indicated. We are thankful for this suggestion, but it is disappointing that no information is vouchsafed as to how we are to deal with those other common exciting causes of cough—a dull sermon or a drowsy lecture. We could add indefinitely to this *florilegium*, but this would hardly lead to edification. It would be gross flattery to call this stuff heresy or even superstition; it is sheer unadulterated nonsense. It is the homœopaths themselves who write themselves down—what poor Dogberry was so anxious to be written down. Certainly the most malicious "allopath" could not invent anything that tends to laughter more than these simple gentlemen invent on themselves.—*British Medical Journal.*

The Consumption of Beer.

According to some statistics compiled in Vienna, there was a vast consumption of beer in the world during the year 1893, amounting to over 4,500,000,000 gallons. Germany heads the list with 1,202,132,074 gallons, an increase of 34,000,000 over 1892, the consumption being thirty-three gallons per head, ranging from sixty-two gallons in Bavaria to twelve gallons in Lothringen; Great Britain second, 1,165,752,000 gallons, or thirty per head; America, including the whole of the Western Hemisphere, is third, with more than 1,000,000,000 gallons, or sixteen per head. More than 7,270,000 tons of malt and 82,000 tons of hops were used in the manufacture of the beer for the world.—*Med. Rec.*

The Senate tariff bill lowers the duty on a number of drugs, that on castor oil being reduced 56 per cent. below the rate under the McKinley law, and that on Epsom salts 34 per cent. Other reductions are, 30 per cent. on codliver oil, 50 per cent. on bicarbonate of soda, 20 per cent. on sublimed sulphur, 18 per cent. on strychnine. The duty on spectacle lenses is reduced from 60 to 35 per cent. *ad valorem*, a decrease of nearly 42 per cent.

Dangers of the Long Rectal Tube.

It has long been a disputed question as to whether the long rectal tube can safely be passed in the sigmoid flexure. In this connection the opinion of Mr. Harrison Cripps, in a recent number of the British Medical Journal, is of interest.

In spite of the condemnation of the long rectal tube by Brodie, Treves, and many other eminent authorities, he still finds that in most cases of obstruction or supposed obstruction the tube has been introduced. Fortunately these tubes are fairly soft, so that in a capacious rectum, when they impinge and are arrested about opposite the promontory of the sacrum, they simply coil up and do no harm. If stiffer ones are used the patient's life is placed in imminent risk. A patient at St. Bartholomew's Hospital was to be operated on for ruptured perineum. In order to increase the supposed efficacy of the injection, a quart of soap and water, with some ounces of oil, were injected by means of a long tube. The injection never returned. A few hours afterward, owing to the acute symptoms of the patient, Mr. Cripps assisted one of his colleagues in opening the abdomen. The soap and water and oil were found in the abdominal cavity, and a hole below a reduplicated fold in the upper part of the rectum. The patient died. He says that the idea that these tubes can be generally passed into and beyond the sigmoid flexure is a pure delusion, save in the rarest circumstances. As a means of diagnosis, or of treating stricture beyond the reach of the finger, tubes of any kind are absolutely useless. If a stricture is actually present it would be one hundred to one against the long tube or bougie entering it, for it would almost certainly catch in the *cul-de-sac* generally caused by the invagination of the stricture. If a stricture is not present, the arrest of the bougie by the sacral promontory leads to delusive diagnosis. Brodie, in his lecture, alludes to a case in which a worthy practitioner had spent over one hundred and fifty hours in dilating a rupposed stricture situated high up. The treatment had extended over a period of one year. Brodie, who was present at the post-mortem examination, found that there was no sign of a stricture, the bougie becoming arrested by a curve of the sacrum.—*Boston Medical and Surgical Journal.*

In the September *Forum* Dr. George F. Shrady says that Dimsdale, a prominent physician of London, was called to vaccinate the Empress Catherine II. of Russia in 1762. How can this be when Jenner did not confirm his discovery in regard to the protective value of vaccination until 1796.—*Cin. Med. Journal.*

Dr. W. C. Ashworth, who assisted in maintaining the equilibrium of the Class of 1891, is located at Kernersville, N. C. His memory reverts with pleasure to the old Medical College of Ohio.—*Ohio Med. Journal.*

Combined Heart Tonics.

We are not advocates at any time of what are known as "shot gun" prescriptions, but a scientific combination of drugs which will by a combination of various physiological effects produce the desired result, can not be classed as "shot gun." It is claimed, and we believe with excellent reason, that no one of the heart tonics or stimulants will alone produce results equal to the effects of a combination. We say with good reason, because we believe the reason can be found in the action of the drugs themselves. In the first place we will take digitalis. This drug stimulates the cardiac motor ganglia, the inhibitory apparatus and the vaso motor centres, contracting the arterioles, thereby greatly increasing the arterial tension. In other words, we increase the force of the heart, slow its action, and by contracting the arterioles increase the resistance. The effect of such a condition is to exhaust muscular power and increase dilatation. Where we have a weak muscle or a dilated heart we want increased force but not increased resistance. Nitro-glycerine produces vascular dilation and relaxes the inhibition of the heart. By a combination of these two remedies then we secure stimulation of the cardiac motor ganglia by the digitalis, and its stimulatory effect upon the inhibitory centers is counteracted by the effect of the nitro-glycerine, as is also its action upon the arterioles.

In strophanthus we have a remedy which acts primarily upon muscular tissue by direct contact through the blood. It increases the contractile power of all striped muscles, but as the heart receives more blood in a given time than any other muscle it is more quickly affected, and can therefore be reached by a dose that will not affect other muscles.

We can then by adding this to our combination have a heart tonic which increases the power of the heart by stimulating its motor ganglia and also by increasing the contractile power of its muscular tissue.

An adjunct to the combined effect of these drugs is found in belladonna. It stimulates the cardiac sympathetic and paralyses the pneumogastric, thus stimulating the accelerator apparatus while lessening the inhibitory, just the effect of our combination of digitalis and nitro-glycerine. It increases arterial tension by the increased heart action not by contraction of the arterioles, and therefore does not increase resistance. Convallaria is so nearly an analogue of digitalis that we can see no benefit to be gained from its use except that where prolonged administration is required it might be substituted for digitalis, thus getting rid of the cumulative effect of the latter drug.—*Kansas Med. Journal.*

The ridiculous lengths to which a fear of contagion will lead one is illustrated in the city of Baku on the Caspian Sea, where an anti-shaking-hands society has been organized to prevent the exchange of bacilli by contact. Members pay six roubles a year, and wear a button as a sign of membership. They are fined three roubles for each handshake.

What to Read,

A question that every physician decides for himself, whether wisely or unwisely. There can be no great difference of opinion as to the duty of every medical man to devote himself to the pursuit of knowledge in the science he has chosen for his life work. The influence or the assistance he may be able to derive from general reading depends considerably upon the man and his previous education. To the well educated man a knowledge of literature and an acquaintance with the standard authors of the day seems almost a necessary accomplishment. There are, however, a great many men in the profession to-day who do not appreciate the value or influence upon their professional lives of any course of reading outside of medicine. Should we say these men are narrow minded we would hardly be just, for there is a certain matter of favoritism with readers which on the same grounds stamp them all as narrow minded. We have favorite authors and favorite works of these authors. All authors and all books have a certain influence in the shaping of our minds and characters. The lives and works of all our great men bear the impress of the books they have read. Physicians are as susceptible to the influenca of e good book as other men, and they should read as many of the standard and popular authors as their time will allow. No physician can be a student of Shakespeare without feeling he has been benefitted thereby. The selection of works, however, is a matter of taste and must be determined by each individual for himself.—*Kansas Med. Journal.*

Nature and Art.

Nature claims to be, and is, the monarch of the empire. She warns her subject, art, never under any condition or circumstances to trespass upon any of her rights and privileges. This is imperative. Art is the administrator of her affairs; she calls and he answers; she points to the difficulty. It is the business of art to remove the obstruction, whatever it may be; and then retire—remaining only as an interested spectator, and, if called again, respond. This is the office of the true and scientific physician.—*Medical Brief.*

Perhaps the best of all diets in typhoid fever is kumyss. The lactic acid which it contains will prevent the growth of the typhoid bacillus. The finely divided state of casein prevents the formation of curds. The carbonic acid is soothing to the irritated condition of the mucous membrane; the taste is grateful to the patient; the acidity stimulates the secretion of the gastric juice, and thus aids digestion—in fact it seems to fulfill all the requirements of a food specially suited to the condition of a typhoid patient or a patient suffering from any serious febrile disorder.—*Ed Mod. Med.*

The Crisis.

There are certain journals, claiming to represent the best interests of pharmacy, who, for the price of a few subscriptions, have done more to injure the business and degrade the profession than all other causes combined.

In every trade or profession there are a few who seek to distance competition by a resort to sharp practices, and who do not care how they cut to pieces and demoralize the business in general if they can reap a temporary gain. For the benefit of this small number, these journals have teemed with pretended formulæ for almost every patent and proprietary medicine in the market.

The editors of these journals are not fools, and there is not one among them who does not know that chemistry, with all its wonderful powers, can not to-day accurately analyze an organic mixture. Then, when they pretend to give a formula for making one of these preparations, they not only perpetrate a fraud on the subscriber, but they cater to the worst element of the trade, and lend the weight of their great influence to popularize a crime.

The constant appearance of these "lessons in substitution" in journals supposed to be published in the best interests of pharmacy, have made the idea so familiar, that some, who a few years ago would have shrunk from substitution as dishonorable, have embraced it as the means by which to thrive in business.

It may be true that substitution does save a few cents on a prescription. It may be true that some immediate profit does result from deceiving the doctor and swindling his afflicted patient; but, to say nothing of the moral principle involved, as a business policy it is short-sighted, and in the end does not pay.

"Be sure your sin will find you out" is as true now as when uttered thousands of years ago; and some day the "substitutor," fretting and complaining over a growing decrease in prescription trade, will learn that some proprietor, whose goods he has been counterfeiting, has caught him in the act, and has quietly informed all the physicians in his community of his perfidy and dishonor.

If the guilty were the only sufferers from the consequences of their unlawful acts we would have nothing to say, but unfortunately the evil does not stop with them.

Manufacturers who have suffered from the practice are constantly warning the physicians against it, and the physician, alarmed at the threatened danger to his professional reputation, and to the lives of his patients, is gradually turning his little office into an apothecary shop. Manufacturers of tablet triturates are taking advantage of the situation of affairs,

and are encouraging the physician to dispense, and making it easy and convenient for him to do so.

The medical journals have taken up the subject, and they, too, are urging physicians to dispense. From one of wide circulation and great influence we take the following, as showing the trend of sentiment among them:

"We have always had the highest esteem for reliable and honest members of the pharmacal profession, recognizing in them valuable and potent allies in the treatment of diseases, but it is because in so many instances druggists have allowed the business side of their avocation to over-ride and put almost entirely out of sight their professional responsibility, that we have given so much space and consideration for months to the question as to whether or not physicians should dispense their own medicines. . . . . Until substitution is but a memory, and a better way discovered, it is the part of wisdom to dispense your own medicines."

The crisis is a serious one, and words like these from a paper of such influence, circulating among the very class from whom prescriptions must come, should sound an alarm so loud that even those who have produced the trouble will hear; and they should arouse the true pharmacist, who loves his profession and wishes it lasting and substantial success, to the necessity of driving from the trade, by exposure or otherwise, those who, for a small pecuniary consideration, would bring the entire profession into disrepute.—*National Druggist.*

The Prolonged Bath.

A patient in the St. Louis hospital was recently kept immersed in a bath tub for six weeks, for the cure of a large sloughing abscess, a current of water being constantly passed through the tub. The writer has, within the last twenty years, treated many cases of gangrene, crushed limbs, sloughing sores, etc., by this method, and has found better results than by any other. Its success is due to the asepsis secured by the constant immersion. The presence of a large quantity of water is not favorable to the development of pus-forming germs, so that suppuration is lessened, and at the same time the poisons resulting from the action of the disease germs are washed away. These poisons, when left in contact with the tissues, paralyze the living cells and destroy them, thus hindering the reparative efforts; but by the constant cleansing effected by contact of water kept pure by frequent renewal, the tissues are protected from the toxic influence of these poisons, and healthful repair is thus promoted.

While in Vienna some twelve years ago the writer found patients living in tubs of water, who had been immersed for periods varying from six months to a year or more. The cells of the body are accustomed to contact with moisture; in this respect they may even be compared to aquatic animals. The blood cells are carried by a current of watery fluid, and the tissue cells are all constantly bathed in this fluid, so that the contact of water with the living tissues is a condition closely analogous to that which is maintained within the body.—*Modern Medicine.*

Small Things in Medicine,

A physician's popularity with the people often depends more upon his knowledge of little things than his ability to meet the great calamities of life. Women especially appreciate a physician's advice in regard to small matters. It occasions no loss of dignity and often pleases your lady patient if you can suggest to her that frequent anointments with oil will prevent wrinkling and keep the skin soft and healthy.

Every physician should know that for tired, aching feet there is no speedier relief than a good foot bath and a change of shoes and stockings. When your patient complains of painful corns you can usually relieve them of suffering and often remove the corn by having them bathe the foot with hot water and soap and cover the corn with absorbent cotton. Keep it thus protected until the callous is removed. Suggest a little sugar for the baby's hiccough, and the mother will credit you with more knowledge than you claim. To be well acquainted with the various uses that can be made of hot water is indispensable to the specialist or general practitioner. It is just as creditable to relieve a neuralgia or a headache by applications of hot water as by the use of a narcotic or sedative. Hot water will often give speedier results in a coryza, sore throat or an inflamed eye than the best remedies of our materia medica.

One of the things which it is essential for the successful physician to know and know well is human nature. Some people are best treated when they are most humored, but to distinguish these individuals from those who must be scolded and threatenen requires accurate perception of human nature.—*Kansas Medical Journal.*

Too Much Science in the Beer.

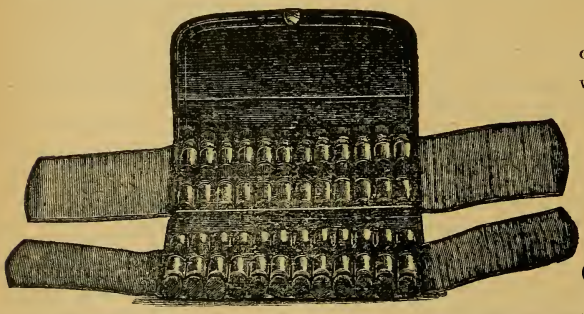
A good tale is told of the late Professor Tyndall about the time he was a master at Queenwood College, Hants. The village innkeeper had a capital tap of home-brewed, old-fashioned ale, which the educational staff much fancied. Years passed on, but the scent of the roses remained, and when the professor ran over to look once more at his starting-point in life he went down for a glass of the well-remembered brew. "Simpkinson," said he, after a delicious draught, "I never had any beer like yours since I went away." "No, sir; now-a-days they put too much science into beer, 'stead of malt and hops."—*Food and Sanitation.*

It has been found that epidemics prevail most on the shady side of the streets. For plants and human beings alike, lack of sunshine lowers the vitality and renders them an easy prey to disease. Throw open the blinds and curtains and remove all trees and vines which shut out the sunlight. Sunny dwellings promote the health of the occupants. Sunshine is one of the most powerful disinfectants in the world.—*Popular Health Magazine.*

Speak Louder.

A Memphis public school teacher, says the Memphis Medical Monthly, examining her class in physiology, asked, "How many bones in the human body?" Several pupils replied, but incorrectly, when a nervous little boy, over-anxious to answer, shouted, "Two!" "What," said the Miss, "only two bones in the human body?" "Oh, I thought you said *stones*," responded the little fellow.—*Virginia Medical Monthly.*

The University of Virginia has been especially unfortunate to lose two of her most distinguished professors, in the medical department, within the last few months. Dr. William Towles, who died last spring, was undoubtedly one of the best anatomists the University has ever had; and now the death of Dr. W. C. Dabney. which occurred last month at Charlottesville, leaves a breach in the faculty that will be hard to fill. Dr. Dabney was born in 1849, and was educated at the University of Virginia. He enjoyed the largest practice in Albemarle county until 1888, when he gave up active practice to accept the chair of Obstetrics and Medicine in the Medical Department of the University of Virginia. He was a great favorite with his pupils.—*Ex.*



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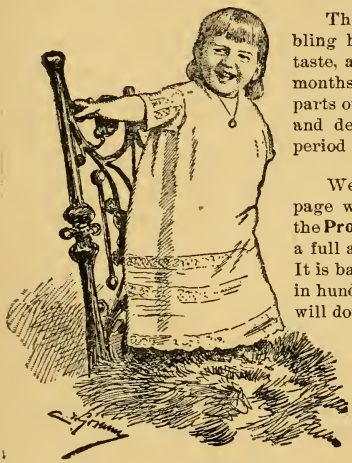

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REED & CARNRICK, New York.

Borax as an Aid to the Digestion of Milk.

Germaine See has recently announced the clinical fact that borax used internally is a valuable aid to the digestion of milk. He discards the use of carminatives, charcoal and other intestinal antiseptics, claiming that they injure the mucous membrane of the intestines. He employs laxatives—hydrastis canadensis, castor oil, and olive oil in large doses, or oil enemeta. Prof. See holds that in many cases of indigestion the stomach is erroneously treated when the real cause of the disease is the intestines, which are often the seat of membranous enteritis resulting from constipation, and giving rise to glary, mucilaginous, cylindrical masses of mucus, with pain and swelling over the region of the colon. These symptoms easily distinguished the cases referred to from ordinary constipation, in which there may be easily seen masses of filamentous or vermicelli-like mucus.—*Modern Medicine.*

Breckenridge.

Upon his demise, says W. H. Whitney, M. D., in the Medical Sentinel, Breckenridge can make no better reparation for his sins than to will his brain to a psychological society, for it will furnish material for unlimited study. His intellect and moral sense form degrees of development as extreme as the antipodes, and must necessarily give rise to asymmetry of brain formation to the greatest degree.

It is conceded that the brains of criminals are asymmetrical, and, while circumstances undoubtedly directed Breckenridge's criminality into one particular channel instead of others, the unusual development of the intellectual and oratory centers beyond those of ordinary criminals, in contrast with the dwarfing of the moral sense, more extreme than the ordinary criminal, because his education and training have been of a much higher order, and have been fruitless in results, these extremes must certainly leave their mark in the brain, which will prove one of the most instructive and interesting specimens ever presented to the psychologist.

While Madeline Pollard has sacrificed her reputation on the altar of Revenge, she has unwittingly rendered inestimable service to the world and the nineteenth century, because she touched the button that set in motion the machinery to bring about great moral reforms. No breach of promise case ever before so clearly demonstrated to unsophisticated women the undisciplined nature of one man, who is the equal or superior, intellectually and financially, of their own gentlemen associates, yet who declares that the only punishment he should not receive is to make the woman, to whom he has taught deceit, his wife. No trial was ever followed by such an uprising of women to demand higher morality in their husbands, brothers and sweethearts.

A stain upon a woman's character can never be recompensed by

money, so Miss Pollard has had revenge while Justice is rousing all the loyal hearts in the land.

No greater right belongs to a woman, or can be demanded by her, than the right to pure associates. The women's clubs and societies, headed by the Women's Protective League, are demanding a common standard of morality for the sexes. Physiologists maintain that continence in the male is both attainable and beneficial. Were such a millenium dawn to appear the problem of venereal diseases would be greatly aided in its solution, as well as much domestic unhappiness averted.

The Rational Treatment of Appendicitis.

Dr. W. G. Ashton, in the International Journal of Surgery, thinks the profession is divided into three classes as regards appendicitis. The first class look upon it as a purely medical disease; the second class are uncertain; and the third class believe that surgery alone is the only rational treatment of this disease. He wishes to show that no one at the beginning knows what course the attack will take, but he believes that all forms are dangerous to life. His conclusions are:

1. That it is impossible with our present means and methods of diagnosis to know the nature of the pathological changes taking place during the course of an attack of appendicitis.

2. That all forms of appendicitis are dangerous to life, as it has been demonstrated that germs pass through the walls of the appendix without the presence of either ulceration or perforation.

3. That surgical interference is indicated in primary and secondary attacks of appendicitis so soon as the diagnosis is clear.

4. That surgical interference is not advised during an acute attack of appendicitis, except when grave symptoms intervene, unless a competent surgeon is at hand. Under these circumstances the case should be operated upon after the so-called recovery.

Is Marriage a Failure?

The Census Bulletin recently published gives the first official data on conjugal life in the United States. It shows that almost three-fifths of our entire population are single, a little more than one-third married, and not quite one-twentieth widowed. The divorces constitute a small fraction at one per cent. The proportion of widows is nearly three times as great as of widowers, indicating that a greater portion of widowers remarry than widows, while figures show that divorced men have remarried to a greater extent than divorced women. The fact that women are, at an earlier age than men, prepared to try the mysteries of matrimony is also proved by the statistics, for while there were only twenty-three males under the age of fifteen who were married, the number of married females under this age was 1,411.—*Kansas City Med. Rec.*

Intra Venous Injections of Corrosive Sublimate

The success of intra venous injections of quinine in grave forms of malaria induced Bacelli to try the same plan in cases of syphilis, using corrosive sublimate.

Two cases of cerebral syphilis, which had resisted ordinary specific treatment, were treated in this way with excellent results. The method is as follows:

The skin is first rendered asceptic, and a ligature is placed around the arm, and one of the veins at the bend of the elbow is selected, in which the following injection is made:

		Grains
℞.	Bichloride Mercury, - - - - -	1
	Chlor. Sodium, - - - - - -	3
	Dist. Water, - - - - - - -	1000

The hypodermic syringe is filled with the solution, the needle carefully inserted, and the injection made slowly. The patient in a few seconds notices a salty, then metalic taste in the mouth, and in five or six minutes an increased flow of saliva.

The commencing dose is a cubic centimeter of the 1-1000 solution each day (1 milligramme).

This may be increased to 2, 4, and even 8 millegramme, which is the maximum dose. The advantages claimed are:

1. Small quantity of drug.

2. Rapid action on the symptoms, which show the syphilitic condition of the blood.

3. Quick and direct action on the walls of the vessels, one of the chosen seats of specific lesions.—*Aunales de Med.*

Preparing the Hands for Obstetrical Work,

I have been for some time past, when called to a case of abortion or labor at full term, in the habit of first washing my hands in coal oil and then in warm water, the time occupied not being over three minutes. Time is often of great importance when hemorrhage is profuse, and as kerosene is to be found in every household, there is no time lost in procuring it. After preparing my hands in the above-described manner, I curette the womb with my finger-nail in incomplete abortions and manipulate it in any other way that is necessary without fear of sepsis. Petroleum is of a most penetrating and detersive nature; it will loosen a tap from a bolt in a few hours that has been rusting on it for years.

Coal oil was used by the Persians for illuminating purposes over two thousand years ago, and may have been used in obstetrical practice also, but I have seen no mention made of it and I do not believe it is even now in general use, if used at all, for the latter purpose.—*Maryland Medical Journal.*

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Hemorrhage After Operations on the Nasal Septum.

Dr. A. C. Getchell, in the Boston Medical and Surgical Journal, reports several cases of serious hemorrhage after operations on the nasal septum, from which he concludes that:

1. Operations upon the nasal septum may be followed by hemorrhage sufficient to very materially affect the health of the patient.

2. The artery of the anterior (cartilaginous) septum may lie near the surface, be of considerable size, and if atheromatous may cause serious hemorrhage.

3. Operations upon the nasal septum in adults should be advised only after carefully considering the good to be accomplished and the possible risk incurred.

Dr. Spencer Cox says that glonoline is useful in removing the craving for drink in alcoholic patients, and that one drop of a one per cent. solution of it injected hypodermically, will immediately check a fit of true epilepsy.

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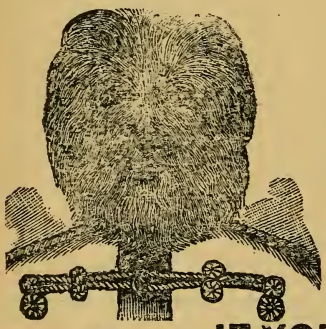

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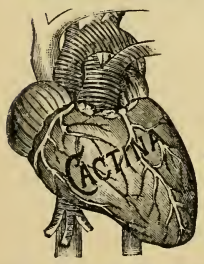

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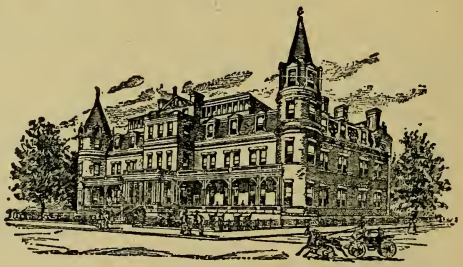

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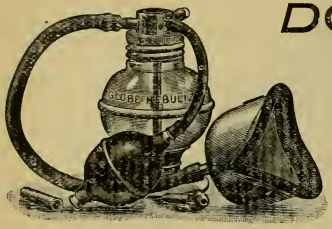

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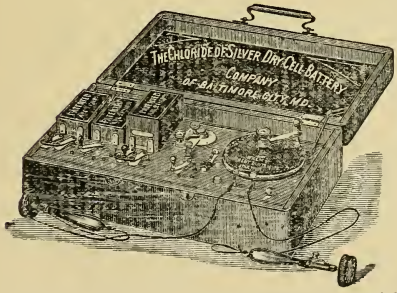

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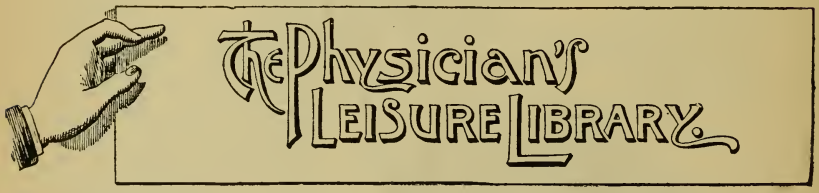

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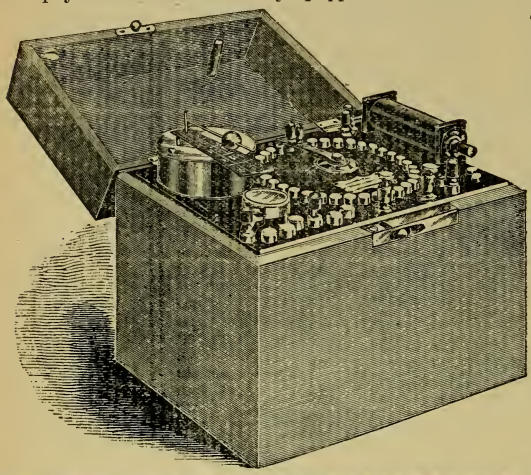

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The Charlotte Medical Journal.

Vol. V. CHARLOTTE, N. C., NOVEMBER, 1894. No. 5.

Malarial Hæmaturia.

By J. I. Darby, M. D., Americus, Ga.

Written for this Journal.

Malignant Malarial Hæmaluria has been frequently met with since 1865 in nearly all the more malarious sections of the extreme portions of the Southern States, but the mild or *chronic* form of Malarial Hæmaturia is only occasionally met with, so much so, that physicians who have seen but few cases, are slow to arrive at a correct diagnosis of the disease, and attribute the blood found in the urine, to lesions of the bladder, urethra, or kidneys. Malarial Hæmaturia in all of its forms is a disease always found manifesting itself in individuals who have recently resided for some time in malarial districts, and drank the water from streams, springs, or wells contaminated with malaria. Notwithstanding some medical men of respectability attempt to disprove the malarial origin of this disease, and claim the etiological factor to be some other germ or *materes morbi*, having a separate and independent existence from the *plasmodium malariæ*, but the pathological revelations manifested through the modern microscopic examinations of the blood of those sick with the disease, as well as the symptoms attending it, are such as to fully establish its malarial etiology, whether it be malignant and rapid in its course, or chronic and protracted for many weeks, or even a year. It is true that Malarial Hæmaturia does not always manifest itself in those localities where other severe forms of pernicious malarial fever exists, and on the other hand, it is sometimes seen in localities where other types of malarial fevers are but seldomly met with, but when we observe the constant periodical character of the symptoms, such as always manifest themselves in malarial diseases, of all kinds and types, together with the specific lesions found in the red blood corpuscles, and internal organs, especially noticable in the liver and the spleen, as well as the kidneys, to say nothing of the presence of the *plasmodium malariæ*, we are forced to believe that the cause of the disease is the presence of these germs in the system, and that the immunity enjoyed in the exceptional instances, by inhabitants of malarial localities, is due to some yet unexplained cause.

We believe that modern microscopic examinations justify the opinion that both the malignant and the chronic forms of Malarial Hæmaturia are due primarily, to the destructive action of the *plasmodium malariæ* upon the red blood corpuscles and through them upon all the tissues of the

human body, as well as the malpighian tufts and renal tubes. The two forms of the disease differ in that the malignant type is attended by hemorrhage by rexis, in which the blood lost, contains great numbers of sound, as well as disorganized blood corpuscles, and fibrine, which sooner or later, fill up the urinifferous tubes, with blood clots, and thereby prevent further elimination of urine, and death from *toxemia* as well as *anemia*, while in the more chronic variety, the hemorrhage is by diapedesis, due to the attenuated condition of the vessels, brought about by a long continued action of malaria upon the blood and tissues, and in this type of the disease, microscopic examination, reveals only disorganized blood corpuscles and the staining principal of the blood, constituting a true HÆMOGLOBINURIA.

When the red blood corpuscles are destroyed or rendered unfit for reconstructive work, in the transportation of oxygen to the tissue, there must necessarily follow, as a natural consequence, a state of starvation and relaxation, in the soft structures of the body, including the walls of the renal nessels and urinifferous tubes. This attenuated and relaxed condition of the tissues, together with the disorganized condition of the red blood corpuscles throughout the entire body, greatly favors a sluggish circulation, especially in the capillary system of blood vessels, and in that way brings on a state of congestion, which in the malignant variety of the disease, results in rupture of the renal vessels comprising the malpighian tufts, thus allowing the blood to escape by rexis into the urinifferous tubes. The blood thus lost contains sound corpuscles and fibrin, which readily becomes organized into clots, and plugs up, as it were, the renal tubes, thus preventing further elimination of urine, and bringing on a state of fatal *uremia.*

In the mild or chronic form of Malarial Hæmaturia, or properly speaking, *malarial hæmoglobinuria*, the hemorrhage is never by rexis, but by diapedesis or transudation instead, and is not attended by the great danger of the kidneys filling up with thrombi, as the blood lost in this variety of the disease, does not contain sound corpuscles, nor fibrine, in sufficient quantities to coagulate, but in fatal cases results mainly from anemia and visceral lesions, brought about by the long continued effects of malaria. The blood lost by the kidneys in either variety of the disease is by no means all that is lost, for millions of red corpuscles disintegrate and become foreign bodies in the system, which never appear in the urine. Not only does the corpuscles disintegrate, but many of the capillaries rupture in their state of congestion throughout the system, thus giving rise to the jaundice which always attends these attacks, in greater or less degree, by setting free the hæmoglobin in the tissues.

The circulation in the liver is very much disturbed by congestion, in both varieties of the disease, and the vessels which make up the portal circulation, become greatly engorged, and unable to empty themselves,

thus filling the mucous membranes of the abdominal viscera with blood, which, in some instances, escapes into the hollow viscera and cavities.

We do not believe that the patient's life is ever lost by the quantity of blood which escapes through the kidneys. Instead of this, we believe that the great damage has been done in the system prior to the inaugura tion of the hemoarhage. Some pathologist who have very carefully investigated Malarial Hæmaturia claim that it is exceedingly doubtful whether or not any sound red blood corpuscles ever escape in these bleedings, but we feel assured, from a limited experience and observation of the malady, that in the malignant type, where the hemorrhage comes from ruptured vessels, many corpuscles escape upon which there are no tooth marks of the *plasmodium malariæ*, or other disintegrating causes, still we are frank to admit that by far the greater part of it is in most instances, disintegrated blood, which has been disorganized, either directly or indirectly, by malarial germs.

In the mild or chronic form, the same etiological factors are present, but do not become sufficiently active in their destructive work, to overwhelm the vital forces with their retrograde metamorphosis. They simply disintegrate a sufficient number of the red corpuscles to produce a *hæmoglobinuria*, in which the walls of the renal vessels do not become suffi ciently relaxed to allow sound blood to escape, and this state of affairs may be kept up in the system for months, and even years, without the inauguration of a malignant attack.

The specific lesions are such as to dispell any doubt as to the malarial origin of these attacks. Of course it is well to look carefully into all cases of *hæmoglobinuria* and make such differential diagnosis as will leave no doubt as to the true nature of the disease, and in order to do that, the microscope is indispensable, as well as a thorough knowledge of the other diseases of the blood and genito urinary organs, in which this symptom appears.

It is stated by authorities who have seen quite a large number of these patients, that males, on account of their greater exposure to the cause of the disease, in consequonce of their vocations, have it more frequent than females, but with the same degree of exposure, there does not appear to be any good reason for believing that one sex possesses any greater immunity against it than the other. Both varieties occur more frequent in the summer and autumn than other seasons of the year, though there are occasional cases reported at all seasons in the extreme southern portions of the United States where the water remains contaminated with malaria the entire year. Negroes are said to be comparatively immune against the disease, but I have seen one fatal case of malignant form, in a black negro man aged 40 years, in Americus, Ga.

The malignant form of Malarial Hæmaturia begins like an ordinary remittent fever, but the symptoms are more marked from the outset—more

severe. There is a chill which may be repeated in the second or third paroxysm, and is much more severe than in ordinary remittent fever. There is high fever, often reaching 105° F., following chills, with severe pain in lumbar region, and nausea, vomiting, headache, and frequently delirium, as in ordinary remittent fever, but of severer form.

The third stage is followed by sweating, at the beginning of which the patient suddenly becomes deeply jaundiced, and hemorrhages occur, sometimes from the gums, fauces, lungs, stomach, and occasionally from the bowels, but *especially from the kidneys*, and continues until the remission, during which they disappear until the succeeding paroxysm.

In consequence of the presence of the great number of red blood corpuscles, and the *hæmotoglobin*, the urine is of a uniform black color, but does not coagulate outside of the uriniferous tubes. As might be expected albumin is present in the urine, in proportion to the amount of blood it contains. As these paroxyms continue to recur, the renal hemorrhage becomes continuous and does not intermit as at first, but lasts until the kidneys become full of blood clots. After from six to twenty-four hours, the remission occurs and lasts a variable time, depending upon whether the disease is of quotidian, tertian, or quartian type. Usually, about the third day, in cases tending towards a fatal termination, the quantity of urine voided, becomes very perceptably less, and a state of stupor strongly tending towards profound coma comes on, which, if not relieved, soon ends in death.

In the *chronic or mild form*, the subjects are usually able to recall a history of protracted exposure to malaria, in localities where other forms of the disease have occurred, and frequently have had chills, or other malarial symptoms, antidating the attack. The hæmaturia usually comes on suddenly, and paroxysms may occur daily, every second day, or twice a week, or it may become continuous, and last for months, or even a year. Sometimes bloody urine will occur during the morning hours, and disappear in the afternoon, or *vice versa*. These patients usually complain of a slight chilly sensation and general languor about the time these hemorrhages occur, and usually feel a heavy sensation in the lumbar region. The tongue is coated with a brown fur, and the skin has an icteroid appearance, giddy sensations occur frequently, and the pulse runs up to a hundred or more upon the slightest exertion. The temperature, as a rule, does not run high, seldom reaching 102° F. The quantity of urine is about normal, and the specific gravity varies between 10.10 and 10.15, it always contains albumin, and is frequently of alkaline reaction. These attacks, like the more malignant variety, generally occur in the summer and autumn.

I am at the present time, Oct. 8th, treating a man for malarial hæmoglobinuria, who has been sick with this disease for more than six weeks, with his third attack, having suffered with it in each of the two past sum-

mers, each attack lasting three or four weeks. As long as these cases continue to be cases of hæmoglobinuria, the individual is comparatively safe, for there is not that amount of danger from thrombi in the uriniferous tubes, that there is in genuine hæmaturia, for the reason previously stated, that where there is an absence of red blood corpuscles and fibrin, clots cannot organize, but these patients are liable to die from anemia, or other chronic malarial troubles, to say nothing of the danger of a mild case being converted inio a malignant one, by a failure on the part of the medical attendant to recognize the true nature of the malady, and direct the individual to a course of safety.

In the malignant form of this fever, as it presents itself in the Southern States, and especially in southwest Georgia, the mortality rate is fearfully high, under all methods of treatment, and while I have no means of accurately accumulating reliable data upon which to base a thoroughly reliable estimate of the death rate. I believe it to be at least 40 per cent. of all genuine cases, notwithstanding some extravagant doctors will tell you they cure nearly all their cases. The mild form is so seldomly seen, that I am unable to find any statistics relative to the death rate attending it. but judging from my own personal observations, I am disposed to believe that where the true condition of the affection is recognized early, and proper treatment instituted, the death rate need not be very great. Now if the symptoms given in the foregoing part of this article, are those of malarial poisoning, we should direct our treatment accordingly, recognizing the fact that we have in each variety of this disease four vitally important indications to meet. First, the destruction of the malarial germs, which are disorganizing the blood and setting free the poisonous ptomains in the system, as well as producing a dangerous anæmia. Second, an engorged and congested liver, which is choking the portal vein and producing a congested condition of the abdominal viscera, as well as allowing the bile acids and other debris, to accumulate in the blood. Third, hypostatic congestions in nearly all of the internal organs, and fourth, the keeping open the tubuli unnifferi of the kidneys.

Believing, as we do, that this disease is due to the presence of the plasmodium malariæ in the system, and that quinine is capable of destroying these germs in the blood, when administered in soluble form and sufficient quantities, we make it a rule to give in all cases, in the beginning of the attack, in large doses, dissolved in hydrobromic acid, and administered with hypodermic syringe, thus feeling assured it will be taken up by the absorbents and carried throughout the entire system, producing its germicidal effect upon the malarial organisms, destroying them, and preventing their further damaging effect upon the blood. Where there is much evidence of hepatic congestion, calomel and bicarbonate of soda should be given to stimulate the liver and arouse the muciparious giands generally.

There is a popular prejudice in the minds of the laity against the use

of calomel in the treatment of this disease, but it is entirely without facts to justify such prejudice, as there is no known remedy, which has so certain and decided action on the liver, as calomel. It acts by coming in direct contact with the hepatic cells, having been absorbed by the capillaries in the mucus lining of the stomach and intestinal canal and carried through the portal circulation to the secreting portion of the liver, thus stimulating it into action by mechanical contact with the cells.

In the malignant forms, I would put the patient into a hot mustard bath every few hours, during cold stage if he was able to undergo the fatigue of getting into a bath tub, and I would also give him small doses of sulphate of Atropine twice or three times daily, for the purpose of stimulating the capillary circulation, and relieving internal engorgement as much as possible. But my main reliance would be on quinine given in as large doses hypodermically, as the patient could well bear. Warburg's tincture has some deserved popularity where quinine is contraindicated (if it ever is). Spirits turpentine, given in rye whiskey, acts well on the kidneys, and should be administered several times daily in that way.

After the first paroxysm is past, nitromuriatic acid dilute, in 15 drop doses, three times daily, or oftener, with a liberal quantity of quinine, should be kept up for several days, with occasional doses of acetate of potash in infusion digitalis. When the stomach is greatly nauseated cracked ice and spirits chloroform, should be given, and if that fails, small hypodermics of morphia may be used. Strict quietude in the supine posture, should be enjoined until nausea is relieved. Where the bowels are sluggish in their actions, enemas of warm water with chloride of sodium in it, should be used in sufficient quantity to keep them gently open. The patient should be kept in bed for at least a week, and fed liberally on fluid food, consisting of beef tea, milk, soups of various kinds, and such animal extracts as will nourish well without leaving a great amount of residue in bowels. As soon as the danger of a relapse has past, and the patient is sufficiently strong, he should be removed from the locality in which he contracted the disease, and carried to the seashore, or some other salubrious climate, where he can recuperate. Iron, in the form of muriated tincture, will aid in restoring the integrity of the blood, and building up the attenuated system. Comp. Syr. Hypophosphites, in full doses, is also a suitable tonic, and will do much to build up the body and restore lost vitality.

The chronic form requires a change of location for the patient, and a liberal use of quinine, with mineral acids, or arsenic, which should, in most instances, be preceded by a mercurial purge. Spts. turpentine answers a good purpose in this class of patients, as well as in the other form of the disease. Piperizen in 10 grain doses, three times daily, promises good results, but I have not had sufficient experience with it to justify me in giving an opinion of its good effects. In very obstinate cases of this variety of hæmaturia, the patient should try the virtues of Alum Springs mineral

water, in connection with antimalarial treatment. He should by all means get away from the locality where the disease was contracted, as the depreciated state of his general health, makes him a ready prey to the malaria.

Interesting Cases in Surgery.

By G. Frank Lydston, M. D., Chicago, Surgeon in charge of the Masonic Hospital, Chicago; Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Chicago College of Physicians and Surgeons; Fellow of the Chicago Academy of Medicine.

Reported for this Journal.]

Case I. Modified Kraske's Operation for Stricture of the Rectum.

The patient, a young Englishman, 35 years of age, presented himself to me with the following history: He had been suffering from chronic diarrhœa for fifteen years. He did not know that he had ever had an acute attack of dysentery, and stated that the condition came on very gradually and followed several obstinate attacks of constipation. He had noticed in the early part of his ailment that there was considerable obstruction to the passage of faeces, and during the period when the motions were solid, he stated that the faeces came away "in small strips and strings," totally unlike the copious evacuations which he had formerly had. Diarrhœa finally set in and had persisted up to the time he consulted me. At the time of my first examination he was having from thirty to forty stools daily and was unable to come down town upon a street car without getting off several times to evacuate the bowels. He claims that he was otherwise healthy, and he certainly had the appearance of a man of average health. He had, of course, lost considerable flesh, but was not as emaciated as would be expected from his condition. He had been treated by medicinal enemata and internal medication *ad nauseam*. The true cause of his condition had evidently never been observed because of the superficial methods of diagnostic investigation that had been employed. There was no family history suggestive of tuberculosis or cancer. There had been some colicky pain in the bowels from time to time, but no severe pains referable either to the upper or lower bowel. Digestion, although somewhat disturbed, was fairly good. There was a distinct history of syphilis dating back two or three years prior to the beginning of his bowel trouble. Rectal examination revealed a stricture of the rectum at a distance of two and one-half inches from the anus. A large mass of internal hemorrhoids was also found. The stricture would barely admit the tip of the index finger and was so extensive that there was no possibility of exploration of the lumen of the bowel beyond it. An attempt was made to relieve the patient by gradual dilatation by means of Wales' soft bougies. It was found, however, that the stricture was so irritable and resilient that the treatment was doing the patient more harm than good. An operation was therefore proposed and consented to.

Thinking that linear proctotomy was not apt to give a good result, this operation not having been brilliantly successful in my own hands at least, I proposed to perform Kraske's operation of resection of the rectum. Hoping to gain sufficient room by extirpation of the coccyx alone, and with the idea of removing a portion of the sacrum if necessary, I proceeded to follow this plan. I divided the sphincter posteriorly, made a free dissection of the mucous membrane as in Whitehead's operation, and then proceeded to separate the rectum above the margin of the sphincters. Finding considerable difficulty in drawing the rectum down, I divided the stricture with the knife, and on exploration with the finger found the bowel thickened, rigid and inelastic as far as I could reach with my finger. So unyielding was the bowel that I found it would be necessary to do a very extensive operation in order to complete the operation as I first intended. I therefore gave up the idea of complete resection and contented myself with removing the pile area of the mucous membrane and about one and one-half inch of the rectal wall. I then made a linear proctotomy, freely dividing the rectal wall posteriorly as far as I could reach with the finger, the division being made chiefly with blunt pointed scissors. I now stitched the ends of the divided sphincter to the median incision upon each side as far back as was practicable, drawing them back almost to the point from which the coccyx had been removed. The divided edges of the bowel were brought down and stitched to the margin of the anal wound, the two halves of the divided bowel being drawn back to correspond with the sphincters in such a manner as to convert the new anal opening as near as possible into a longitudinal slit. The posterior angle of the wound was packed with gauze and a large tube surrounded by iodoform gauze inserted into the rectum. The external wound healed by first intention. A large cavity at the posterior angle formed by the removal of the coccyx and the free division of the tissues posterior to the rectum was necessarily allowed to heal by granulation. I confess I was rather dubious as to the result in this case. I expected that the patient would have incontinence of faeces. The granulating cavity healed very slowly and the patient left the hospital before complete repair had occurred.

He had, however, meanwhile obtained great relief, and notwithstanding the unpromising appearance of the posterior wound, he had excellent control over the bowel, the stools having diminished in frequency so that he got along very comfortably with two motions daily. When he left the hospital the infiltration of the bowel above the site of the stricture had undergone resolution and the gut was quite normal to the feel. The proctitis persisted, however. and the patient continued to have a discharge of mucopus. I was rather uneasy about the patient after he left the hospital, but instructed him to go into the country and remain and report to me again in a few months.

Some six months after the operation the patient presented himself at the

Masonic Hospital for examination. I found that the wound had perfectly healed; there was perfect control over the bowel, and no tendency apparently to recontraction of the stricture. There was still a muco-purulent discharge from the chronic proctitis. This, I presume, will last as long as the patient lives. I instructed him to pass a Wales' bougie every week or two, but I confess I have considerable doubt as to its necessity. I am free to state that, considering the condition in which the patient presented himself, I consider that the operation in this case was followed by an ideal result. The degree of control over the function of the bowel is somewhat remarkable considering the gravity of the operation. I attribute the result largely to the method of suturing the sphincters, which method practically resulted in moving the anus to a position much nearer the coccyx than normally and made the distal portion of the canal of the bowel much more direct in its course. The method which I followed in this case was one of expediency, but I shall certainly make it the operation of election in future cases of the kind.

Case 2. Crushing Injury of the Abdomen—Probable Traumutism of the Liver and Stomach.

S. W., 30 years of age, about seven o'clock on the evening of June 11, 1893, was crushed by the Dearborn Street bridge, being caught between the closing structure and the lamp-post which stands at the junction of the roadway and the sidewalk. He fell helpless to the ground, was conveyed to his hotel, and came under the care of Dr. Malone of this city, through whose courtesy the case was finally referred to me.

Fifty-six hours after the injury the patient entered the Masonic Hospital, and a few hours later was examined by me. The patient stated that he had been unconscious for some time after the receipt of the injury, and that he had been in a condition of profound prostration. When he began to react he commenced vomiting and experienced severe pain, diffused through the abdomen, being especially marked in the region of the liver and epigastrium. He had vomited, according to his account, a large amount of blackish or greenish material. Micturition was normal. There had been no passage from the bowels since the receipt of the injury. The jolting of the ambulance in his transference to the Hospital had set up severe abdominal pain and had brought on symptoms of collapse. The pain was so severe that my assistant administered full doses of tincture opii with stimulants before my arrival. As might be imagined, the administration of the opium did not tend to render the case any clearer from a diagnostic standpoint at the time I first saw the patient. On examination I found the patient markedly jaundiced, the urine containing a large quantity of bile. The abdomen was distended, tense and tympanitic. There was extreme tenderness all over the abdomen and especially in the region of the liver. The temperature was nearly 103° F., the pulse 140. There

was the characteristic facies of peritonitis. Vomiting had occurred shortly after the patient entered the hospital, the vomited material containing a large quantity of disorganized blood. This character of vomiting occurred several times during the 36 hours after his admission. I confess that I was in somewhat of a quandary as to the propriety of making an exploratory section. That septic peritonitis had commenced seemed highly probable. There seemed to be but little doubt that the liver had been injured, but how seriously it was impossible to say. It seemed probable that more or less injury to the stomach had occurred also. Had the probable diagnosis been more definite, I think that I should have advocated exploratory section. I, however, concluded to accept a conservative view of the situation, with the proviso, that unless marked improvement occurred by morning I should immediately operate. Ice bags were applied to the abdomen, and sulphate of magnesia, in frequent and large doses, given internally.

When I made my usual visit to the hospital on the following morning I found that the patient had had a large number of stools, having practically been on the bed pan during the entire night. The temperature had fallen to ninety-seven, and the pulse to 100. So effectual had been the anti-pyretic effect of the ice bags and the saline cathartic, that the ice bags had been removed several hours before I made my morning visit. The abdominal pain and tenderness had greatly decreased, and it was now possible to palpate the abdomen without eliciting much complaint. The temperature did not again rise above 100½°, and only as a result of the patient's own indiscretion in sitting up in bed against orders, The jaundice had disappeared by the end of the second week, and at the end of the fifth week the patient was discharged well.

I was exceedingly gratified at the favorable course taken by this case, inasmuch as I was rather inclined to fear, until my second visit, that I had erred on the side of conservatism.

The interesting feature is undoubtedly the rapid subsidence of the symptoms of peritonitis, and the speedy diminution of the temperature incidental to a method of treatment which must appear rather heretical to the "opium splint for the bowels" practitioner.

General Septic Peritonitis from Perforation of the Vermiform Appendix; Laparotomy after Fifty-four Hours Followed by Recovery.

By Prof. A. C. Bernays, of the Marion-Sims College of Medicine, St. Louis.

Reported for this Journal.]

Case: L. M., 21 years of age, patient of Dr. W. W. Graves, residing in North St. Louis. The patient is a powerfully built young man, who was quite well until Friday morning, March 9th, 1894. Soon after arising on that day, about an hour after breakfast, having gone from his home to

his place of business, he felt a pain of excessive violence in the right lower region of his abdomen. Feeling very weak, he was obliged to return to his home and lie down. In the evening frequent attacks of vomiting occurred, and the abdomen began to swell and became like a drum, although patient had a large evacuation of his bowels the same evening. That night the young man vomited everything he took and could not rest or sleep on account of the pains which spread over the whole belly. After carefully questioning the patient, Dr. Graves, who was sent for on Saturday morning, elicited the fact that the patient had had a similar attack which was treated as indigestion and which entirely disappeared in two days. The first attack had taken place about fifteen months before the present one, and patient described having had sudden pains in the right side, vomiting, and prostration, but the impression made on the patient's mind by this first attack did not seem to have been a very deep one. Since then he had been well, his appetite and digestion normal, and without pain in his belly until Friday morning, as described above.

I was called to perform the operation on Sunday morning, March 11th, 94, by Dr, Graves. I saw the patient fifty-three hours after the access, and found the following conditions at that time:

Patient makes the impression of a very gravely affected person, though when the operation is mentioned he brightens up very much and objects strenuously at first. Temperature is 100½ deg.; pulse 118, regular and fairly strong. Respiration is accelerated, and of a purely costal type; the abdomen absolutely motionless, tympanitic and drum-like all over, very painful, alike on light palpation or percussion. The dependent portions are slightly œdematous and the skin over them appears congested. A resistance can be made out between right anterior-superior spine of the ilium and the umbilicus, the dulness on deep percussion being more distinct towards the iliac spine. This area of resistance is about 3½ inches long, parallel to Poupart's ligament, and is exceedingly painful to the touch. It appears as if the ascending colon were surrounded by an exudation, and also as if the pelvic cavity were full of fluid. The tongue is moist, but heavily coated; all other organs of the body are normal.

Dr. Graves' diagnosis of appendicitis was concurred in by me, but the diagnosis before the operation as I formulated it was: General peritonitis, probably supervening upon a perforation of the vermiform appendix.

The surgical indications which I acted upon were: (1,) if possible, to suppress the further entrance of intestinal contents into the abdominal cavity, and (2,) to make an opening for the escape of the extravisated stercoraceous matter.

The operation was performed about 10 A. M. I was assisted by Drs. Graves, Weiterer, and Shanklin. The usual antiseptic preparations; chloroform narcosis. Incision along the lateral margin of the rectus about

four inches long, beginning one inch above Poupart's ligaments. A branch of the internal epigastric was cut and ligated. The fascia transversalis and the subperitoneal fat are thickened, as well as the peritoneum itself. The peritoneum was divided the whole length of the incision, and at the first opening there was a gush of turbid greenish-yellow liquid. When the fingers were introduced, enormous quantities of this liquid poured out, and it contained in suspension many food particles and gave out the characteristic stercoraceous odor.

There were no adhesions noticeable between the intestines and the abdominal walls at this time. In the bottom of the wound the much reddened and thickened anterior wall of the cœcum was visible, with many coils of ileum which were glued together with broad layers of yellowish lymph. Instead of finding the perforated appendix communicating with the general cavity which had just been evacuated of about half a gallon of fluid, I did not find it until I had gently separated some adhesions which bound down the lateral wall of the cœcum to the abdominal parietes. This opened up a smaller cavity in which I found more stercoraceous material and the appendix. There were two perforations, one near the free end, and one about half way down. This latter was the larger, and gentle pressure upon the cœcum caused the escape of fæcal matter through this perforation. The mesentery of the appendix was carefully tied off down to the cœcal attachment, and then a fine silk ligature was tied around the perfectly healthy root of the appendix, after which it was cut off and removed.

The cavity resulting from the removal of the appendix was now carefully washed out with sterilized water, and finally cleaned with gauze; many large, flat pieces of lymph were removed from the surface of loops of intestine, wherever found, though of course no attempt was made to get all of them, nor was an attempt made to wash out the general cavity. A piece of iodoform gauze was carefully packed down upon the stump of the appendix, and then conducted out of the wound for purposes of capillary drainage. This having been done, I began to replace the cœcum and a loop of ilium before introducing the parietal sutures. I had just gotten the cœcum nicely back into position and was arranging some loops of small intestine, when my finger accidentally separated a loose lymph-adhesion between two loops of intestine lying behind the apex of the bladder. This was followed by a gush of yellowish cloudy liquid, which I estimate at about 1500 c. c. This plainly came from Douglas' pouch, and the most dependent portions of the abdominal cavity. I hold open the lips of the incision and allowed as much of the fluid as would run out to escape from the general cavity, and by turning the patient on his right side evacuated a great amount more. The strip of iodoform gauze which I had adjusted nicely to the bottom of the wound and against the stump of the appendix had become saturated with the purulent sanious fluid, and

I thought best to replace it by a fresh one. The patient was lying on his back during the process, and in the short time thus occupied the pelvic cavity had again filled up with the peritoneal liquid which had drained down from the upper portions of the cavity. Perhaps 300 c. c. were drawn out, and I could plainly see the liquid, which was not nearly as turbid as the first which we met with, trickle down into the pelvis.

Under these circumstances I thought it wise to introduce a large drainage tube into Douglas' cul-de-sac. Not having a glass one at hand, I cut off ten inches of a pure gum hose having a lumen of five-eighths of an inch, which I always carry in my satchel in place of an Esmarch tourniquet. I cut a few holes into the end to be introduced into the pelvic cavity, and after surrounding this tnbe with iodoform gauze, I introduced it to the bottom of the cul-de-sac. This drain was allowed to pass between the edges of the wound at their lowest point, while the other drain passed through at the upper edge of the incision. A few parietal sutures, embracing all the layers, were introduced but not tied. The ends of both drains were covered with gauze and cotton, which had to be frequently changed during the first day. The drain from Douglas' cul-de-sac was allowed to remain nearly four days and was removed when the discharge ceased. The strip of gauze surrounding it, followed the next day. For the first day there was a decided feculent odor about the fluid which drained away. The wound gradually filled up with granulations and healed entirely in about 28 days. The patient was given a slight purge on the third day after the operation, and thence forward his pulse and temperature were normal until he left his bed, entirely cured. I may add that entire operation lasted forty-three minutes, and there was no shock following it. I am free to admit that I hardly expected this patient to recover, the peritonitis was so widespread; the intestines had that injected, œdematous look and were covered by that ominous yellowish lymph-membrane, which, when I peeled it off, did not leave the peritoneum smooth and glistening. I peeled off at least a square foot of this sort of membrane where I found it partially loosened, and I estimate that at least a square yard more of it was left upon the intestines and mesentery.

The appendix which was removed plainly showed that the two perforations were of very different ages. The one nearest the end had most probably taken place when the patient had his first attack, and caused nothing more than a small, circumscribed stercoraceous abscess, which had caused the adhesions between the lateral wall of the cœcum and the abdominal parietes, completely shutting off the abscess. The perforation which occurred on Feb. 11th, early in the morning, was no doubt the cause of the infectious peritonitis. But, since I found the stercoracious abscess cavity communicating with the fresh perforation, I am inclined to the view that by an unfortunate movement of the body, as while removing his coat, the second fresh perforation was simultaneous with the rupture

of the old stercoraceous abscess, and the two together were the cause of the infectious general peritonitis which was about to destroy the patient's life. The lips of the perforations, the one communicating with the old abscess and also the fresh one, were standing wide open, and the escape of fecal matter into the abdominal cavity might have, or indeed must have, continued if the appendix had not been removed and the stump closed up.

The use of the extensive drainage by means of gauze and a rubber tube of large calibre proved of great value; for it carried away a large quantity of offensive material during the first 24 hours, and considerable, perhaps less poisonous, *sit venia verbo*, fluid after that.

The iodoform gauze strip which I use in nearly all my cases, I consider the greatest safeguard, and am very unlikely to give it up, and surely not in cases of general peritonitis. In cases of this kind there can hardly be too much drainage.

In those cases in which the operation for appendicitis is one of necessity, the use of the drain tube will probably always be the safest method; while, where the appendix is removed during an afebrile quiescent state; or in such cases where a patient is desirous of enjoying the luxury of a harmless modern procedure—of having the useless normal appendix removed—Morris' plan of operating through a small incision without drainage will be the ideal operation.

In conclusion it seems proper to call attention to the fact that the surgical measures adopted by me in this case, and which served their purpose so well, were—opening the abdomen, just as we would open an abscess and stopping up the orifice of perforation. No attempt was made to flush the general cavity. I have expressed my views upon this subject elsewhere, nearly three years ago (see Weekly Med. Review, May 30, '91, "The Management of Complicated Laparotomies,") and have never had any occasion to deviate from the rules of action there set forth. It is all right to flush a normal peritoneal cavity, but all wrong to flush an infected one.

I my operative work I make it a point to try to weaken the patient as little as possible, perhaps to benefit the case and surely to do no harm.

It is an interesting observation to make, that under these three conditions, which are aimed at, the organism will be able to take care of itself.

2715 Locust St.

HISTORICAL SKETCH,

Ambrose Pare, the Father of French Surgery, 1509--1590.

By James Moores Ball, M. D., Professor of Ophthalmology and Otology in the St. Louis College of Physicians and Surgeons, St. Louis, Mo.

Written especially for this Journal.

A great surgeon was Ambrose Pare. Great good sense, wonderful

industry, remarkable opportunities, and an untiring and unconquerable ambition, have combined to render his name celebrated in the annals of surgery. Born of humble parents, amid unfavorable surroundings, under circumstances which would have crushed a spirit less ambitious, Ambrose Pare, by his unaided efforts, made himself master of the surgical science of his day, commanded the confidence of emperors and peasants, of statesmen and soldiers, and left posterity the record of a life well spent. He marks the dividing line between the servile surgery of the ancients and the original, independent and progressive art of the moderns. Just as Vesalius, Eustachius and Fallopius dared to contradict the errors of thirteen hundred years, and correct the anatomic mistakes of Galen, so Pare brought about a new order of things in surgery. Firm in his convictions, honest in his statements, and accurate in his observations, this great man was far in advance of his age. The story of his life reads like a romance.

Pare was born at Laval, a small town in the province of Mayenne, in France, in the year 1509. His life was spent during a period of great and stirring scenes—a time remarkable in the history of the world. At the time of his birth the art of printing had been invented less than sixty years; the existence of a new continent had been proclaimed by Columbus seventeen years; Martin Luther was delivering Biblical lectures in the University of Wittenberg, and preparing to shake the foundations of the theological world; Ariosto, of Italy, was writing immortal verse; Erasmus, residing in the same sunny clime, was delighting the world with his matchless scholarship and educating the young son of James IV. of Scotland; and Copernicus, while studying the revolutions of the heavenly bodies, had not dared to proclaim his views. Louis XII., of France, was engaged in war with Italy. Henry VIII. had just succeeded to the English throne. Maximilian I. ruled the land from the Danube to the Zuyder Zee.

FIG. 1.—Initial from Pare's book, A. D., 1594.

The early education of Pare was obtained from a priest. While yet in his teens he was apprenticed to a barber-surgeon, who instructed him in minor surgery. While thus engaged, Laurent Colot, the celebrated lithotomist, chanced to visit the town for the purpose of operating for stone. Pare was present, and was so struck with admiration at the result of the operation that he resolved to devote himself to the higher branches of surgery, an art which was then almost exclusively in the hands of the barbers. With this object he set off for Paris where Jacques Goupil, one of the professors in the College of France, acted as his preceptor. Here the masters explained to him the works of Lanfranc, Albucasis, Guido de Chauliac,

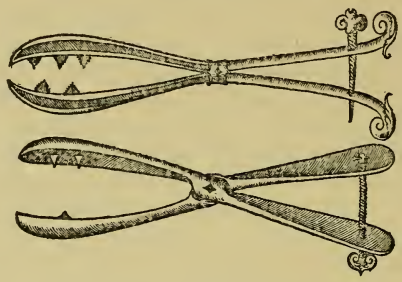

FIG. 2.—Stone Crushers used by Pare.

and John de Vigo, the only surgical text-books of the times. Soon Pare became interne to that famous hospital, the Hotel Dieu, where he remained for three years. During this time Pare was engaged in teaching anatomy. In 1536, in his twenty-seventh year, he received the appointment of military surgeon and was directed to accompany Rene de Montjean to Italy. After the surrender of Turin, and the death of Montjean, Pare returned to Paris and began the practice of surgery.

The three years spent in campaigning were of great value to Pare, and during this time he made some important observations. In the treatment of gun-shot wounds, the teachings of John de Vigo, physician to Pope Julius II., had been followed implicitly. Such injuries were regarded as poisoned wounds and the practice was to cauterize them with boiling oil, or the hot iron, while alexipharmics were administered internally. John de Vigo assures us that the danger of these wounds results from the round form of the balls, their degree of heat, and the poisonous qualities that the powder communicates to them. This theory, so destructive in its effect, received universal credence until Pare arose to combat it. After the battle of Pas-de-Suze, the supply of boiling oil having given out, it was observed on the following morning by Pare that those wounds looked best which had not been dressed with hot oil; and he also noted that such patients showed less febrile reaction than the others. It required great courage for him, a young man without name or authority, to combat a

doctrine so universally accepted; but Ambrose Pare was not the man to be overawed by weight of authority when his own sober judgment taught him differently.

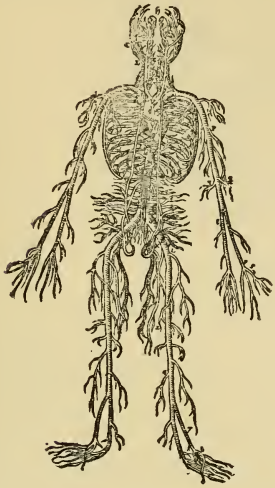

FIG. 3.—Figura arteriarum. (Pare.)

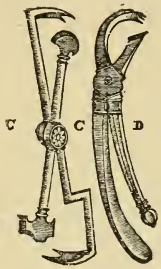

FIG. 4.—Dental Forseps. (Pare.)

In a few months a second edition was issued. In both editions the use of the actual cautery was advised to check hemorrhage. Pare, however, was thinking, day by day, of a plan by which hemorrhage could be controlled without the frightful torture of the hot iron. He resolved to test his theory and finally, at the seige of Dampvillier, in the year 1552, an amputation was made upon the person of M. de Rohan, and, for the first time in the history of surgical science, Ambrose Pare ligated the bleeding vessels. Fortunately the patient recovered and, full of joy at having escaped the red-hot iron, said that he had parted with his leg on very good terms.

The young surgeon had made two great discoveries: By the first he saved from cauterization all who had simple gun-shot wounds; by the second all who suffered an amputation were spared the tortures of the actual cautery. And, in the language of Malgaigne, "Military surgery, which till that time had been a torture, became a blessed art, and it was a barber-surgeon who produced the double marvel."

The practice of ligating an artery was entirely new, but the idea was old. Galen, Celsus, Avicenna and Albucasis had all spoken of the tying of arteries and veins, but there is no evidence to show that they practiced it. For centuries the actual cautery had been the principal means of checking traumatic hemorrhage. Sometimes, by way of variety, hot oil

or boiling pitch were applied to the bleeding surface. The discovery of Pare revolutionized the practice of surgery and brought on his devoted head a torrent of abuse. Like Harvey at a later date, Pare suffered

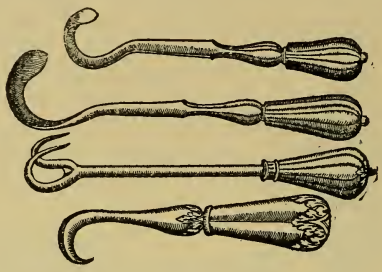

FIG 5.—Obstetrical Instruments. (Pare)

in his practice for a time. Of all his enemies, Gourmelen, President of the College of France, was the most clamorous. At the present day he is remembered only for his opposition to the great surgeon "It was then," said Gourmelen, "very forward, rash and presumptuous in a certain individual, to venture upon condemning the cauterization of bleeding vessels after cutting off a mortified limb, a method so highly and continually commended and approved by all the ancients, teaching in opposition to that, without any authority, without good sense, some new method of his own, of tying arteries and veins." He called Pare a bloodthirsty, cruel rascal, while Pare, stung to the quick, sometimes lost his temper, but generally conducted his defense with admirable coolness.

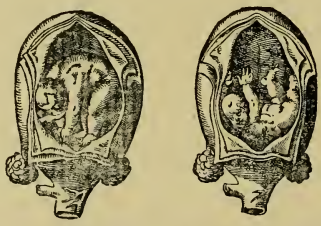

FIG. 6.—"De situ infantis in utero." (Pare.)

Nor was the use of the ligature the only discovery made by Pare. He was the first to employ the twisted suture in the operation for hair lip; to extract cartilaginous bodies from the knee joint; and to perform podalic version in difficult labor. He was a man of great mechanical genius, as is evidenced by the large number of new instruments and appliances found in his book. He gave the first account of what is now incorrectly described as Hey's saw, and the club-foot boot, claimed to have been devised by Mr. Syme, of Edinburgh. Among the many wood cuts of curios, one sees artificial eyes, ears, noses, teeth, arms, legs and hands.

Surgeon successively to Henry II., Francis II., Charles IX., and Henry III., it was said of Pare that "the Kings of France transmitted him to their successors as a legacy of the crown." These monarchs were all

FIG. 7.—Reduction of a dislocation of the humerus. (Pare.)

warmly attached to Pare; he was at once their privy-councilor and trusted surgeon, and his influence over them was by no means small. Let it be said in his honor that this influence was never exerted in an unjust cause. So great was the power of this good man over Charles IX., that he was enabled to put a stop to the massacre of St. Bartholomew, (Aug. 24, 1572,)

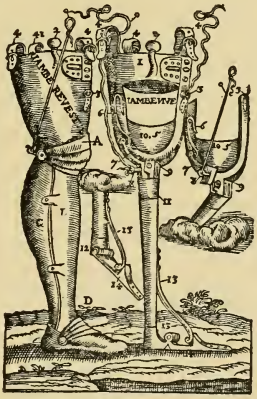

FIG. 8.—Artificial limbs. (Pare.)

when 70,000 Huguenots were murdered in Paris and various parts of France. The details of that horrible event are well known. For years, Huguenots and Catholics had been at enmity; and affairs had at last reached such a crisis that the bloodthirsty mother of Charles deemed it necessary to kill all the Huguenots. For three days and nights these unfortunates were hunted like the beasts of the field. Helpless infants, old men and women were slain by hired assassins. The streets of Paris were

blocked by the bodies of the dead. How long the slaughter would have continued is impossible to say, had not one man, and he a Huguenot, done his duty. That man was Ambrose Pare.

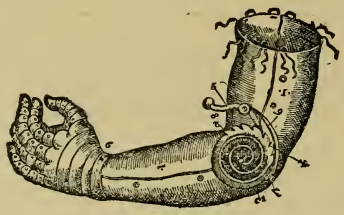

FIG. 9.—Artificial arm. (Pare.)

Pare became a member of the College of Surgeons in 1554, submitted to the examinations and received successively the degrees of Bachelor, Licentiate, and Master in Surgery. Although ignorant of Latin, Pare was received regardless of a statute which required that the candidate should know that language. He never wore the professor's cap and gown. He was tall in stature, with slender figure and a grave and dignified countenance. All his portraits represent him in his court dress, with the frilled collar characteristic of the age. No one can examine that grand old folio, "Opera Chirurgia," of Pare, without being overwhelmed with the thought that this work was penned by the intellect of a giant. Here we have nearly one thousand closely printed pages, over 300 illustrations—many of which contain numerous figures—which cost the author an almost fabulous sum. We find complete treatises on many subjects; on human anatomy; beasts, birds and fishes; monsters and prodigies; fractures and dislocations; tumors and wounds; artificial arms, legs and hands; amputations and ulcers; cauteries and ligatures; trephines and dental forceps, etc., etc.

So long as surgeons practice their beneficent art, the name of Ambrose Pare will be mentioned with reverence.

810 Olive Street.

ADDRESS.

An Introductory Address to the Students of the Medico-Chirurgical College

BY L. WEBSTER FOY, M. D., Professor of Ophthalmology in the Medico-Chirurgical College.

Delivered October 3d, 1894.

Reported for this Journal.]

A Senator quite famed for his eloquence, asked a brother Senator, who sat beside him during an introductory debate in Congress, to stop and hear him speak. The friend replied, "If you are going to make a speech I would be very glad to listen to it, but if you are going to read one of your infernal compositions I do not propose to stay." By a dis-

pensation of your Faculty, I have been obliged to trespass upon your indulgence this evening, and ask you not to leave the room before my composition is read.

This day marks an epoch in your lives. You have launched your canoe on a stream full of hidden rocks; many snags, much disappointment, and no few hardships will overtake you before you arrive at the great ocean of your professional life, which as yet hides from you those worlds you intend to conquer. You do not here leave behind you your student life—you have only shunted to another track; you now only concentrate your studies to a more definite purpose. You have elected to master the subtleties of a noble profession, and an inestimable service lures you toward its mastery. You have no doubt decided upon this avocation only after the most careful consideration and thought. Your friends trust you, and we trust you; see therefore to it that you neither disappoint yourselves nor us.

No profession demands more from her students than medicine. She is a jealous mistress. The midnight oil must be consumed; untiring and unceasing your efforts must be made before you can become proficient in your art. The late Sir Andrew Clark, in an address to a class of medical students, said, "Labor is the life of life. Nature will let no man overwork himself unless he play her false."

The majority of you come from the rural districts, all endowed with strong constitutions, clear heads, and good nerve-force. See to it that you do not play your natures false. You will be surrounded by the glitter and glamour of city's temptations—fascination and pleasant as the Luralei's glance. Some of you may become easy victims to the sorceress. Leave her and turn aside, and stick to your calling. Remember, as Dickens has said, "It is well for a man to respect his own vocation, whatever it is." You have more to do than simply to respect your calling. Remember that, in joining the ranks of the students of the Medico-Chirurgical College, you must respect them. You have also a Faculty to consider, who is closer to you than a parent. But I feel confident, when I look upon the bright, intellectual countenances about me, that the above advice is per force unnecessary. What a grand thing it is to meet students with a purpose! I see it stamped on all your countenances. I see more; and I hear you utter, "Oh, gentle Faculty, by and through your aid we will win." It is written in letters of burning flame upon all your pennants. You ask, is it fair that all should be demanded from the student and nothing from your instructors? No; your Faculty have grave responsibilities in directing you iu the way you are to acquire the science of the healing art. They have been awake to this fact for a long time. The changes in the policy of the school, the selection of the best teachers in the various departments, the addition of new chairs, the selection of laymen of recognized and superior ability in their respective walks of life, all tend to make this college

one of the most scientific and practical in the country. Your college has adopted a course which is out of the beaten track, ambitious outside of the old fashion type of college teaching. Your Faculty do not wish to be known as men who simply know their books; they will show you that here you will obtain, not only a safe and sound scientific education in medicine, but also eminently a practical one as well.

"The foundation of our art is knowledge of the material to work upon —the human body. Anatomy to its uttermost details, anatomy naked eyed and minute, normal and abnormal, healthy and diseased, is the foundation of all good surgery." So said J. Greig Smith, and so says our Nestor of anatomy, Professor Pancoast.

Your teachers of anatomy will lead you on gradually and pleasantly through the structure of the human body, which you must know all about. How can you expect to become proficient except you know thoroughly the genesis of your profession? The great Titian was a master of mixing paints before he could produce the matchless gems which are still the admiration of the artistic world. Michael Angelo had to know how to temper his chisel before he aspired to produce that wonderful statue of Moses; Morse, the conductility of metals before he could send messages with lightning speed to the uttermost parts of the earth. Houston, in connection with his former colleague Thompson, had to produce a dynamo before they could let loose the Promethean spark that now illuminates this and hundreds of other cities the world over. In all the mechanical arts men must understand the foundation of their calling if they wish to succeed. Is it less to ask you to labor unceasingly to understand the frame work, the chemical laboratory, the animated organism, the wonderful handiwork of God—man?

In the acquirement of your profession you will not so much, as time rolls on, be carried to greater heights, but to broader fields of knowledge; and, at last, when you have filled the cells of your brain with theory, then the practical side of your teaching will be given you—a knowledge so essential to your success in life. Many of you will elect to become general practitioners. Of what value to you is the knowledge imparted by your Professor of Anatomy, unless you can appreciate and follow the teaching of an Anders, or the application and technique of surgery as taught by Laplace and Ashton? "What hearing is to the physician, so is touch to the surgeon. It is the intellect which teaches both. So, when the opportunity arises, educate both ear and hand."

In this class we confidently hope to find many young men born to be masters of their art. To such I would say: Though work comes easy, work all the harder; make the talent given you increase and multiply. Though you may have genius, yet patience and hard work are necessary to make even genius fruitful. To those who have not been so well endowed, much may, nevertheless, be accomplished by perseverance. Your

Faculty will lend all of you an ever-helping hand. The fable of the victory of the tortoise over the hare should be fresh in your memories. As the masses, your future patients, become more highly educated it behooves you to aspire to a higher grade of intellectuality. We must to-day have physicians who are not only skilled in their profession, but who have a mind sufficiently broad to cope with the living questions of the day. In no time of the world's history are the intelligence and judgment of physicians so largely sought after and so highly esteemed in the important questions as how best to cope with epidemic diseases in densely populated communities. If I may make a criticism, I must say that the preliminary education of the young men who are choosing the medical profession for their life-work has not been as thorough as it should be. In this State it is now necessary to pass two boards of examiners before you can practice medicine. Is this fair under existing laws? I say, emphatically, no! The State puts on the restrictions, but does she in like manner give us a preventive? While our Commonwealth is doing much to foster education, she is far behind in giving aid to young men who eventually must look after the health of her people. The actual prevention of outbreaks of virulent diseases or of blindness is far cheaper than trying to eradicate such evils after they have become epidemic. But in the meantime where must this aid come from? Clearly, we must look to the men who, in the abundance of their wealth, can afford to build laboratories and found institutions where young men can get this preliminary schooling.

The older countries of Europe are far ahead of us in these matters; their medical chairs are richly endowed by the State, and their occupants do nothing but investigate, analyze, and transmit. If the public wish protection, they must perforce lend us a helping purse. I must quote what one of our leading teachers in medicine says on this subject*: "In this country, for the most part, we cannot look to the State for endowment for medical education, but we must appeal to private beneficence. A few public-spirited and generous men and women have already given practical proof of their appreciation of these facts. With more general and fuller realization of these needs and present condition of medical education, and the results that can be secured by its liberal endowment, there is every reason to believe that these benefactions will be largely and rapidly increased, and that thereby the condition of medical education in this country shall cease to be a reproach to us."

How can we escape from this reproach? You young men who have not had a college education can now take advantage of your environments. You have arrived at an age when your mind becomes retentive and capable of becoming burnished by attrition. In this large city instructive lectures are given on a variety of intellectual subjects. The Franklin Institute throws her doors open to you all. The Academy of Natural Science

*Professor William H. Welch, M. D., Baltimore, Md.

in like manner extends a helping hand. The Young Men's Christian Association and our churches, whose pulpits, filled by the ablest clergy in the land, will also welcome you. Select such plays at our theatres as will rest your mind by way of diversion. Study not only the words, but the grace and movements of the actors. Remember, it is not fair to yourselves to try to brighten your minds and let your bodies remain awkward and ungainly. Plato said, "That one must form not only a mind, and not only a body, but both a mind and a body, to become a man."

In practical medicine, as in many of the mechanical arts, we need not fear reproach. We have shown the world what we can do; but how much better it would be if our scientific knowledge were equal to our mechanical skill! Then we should have students flocking to America for their medical education, just as we are having students from all over the world flocking to our twin sister, the Philadelphia Dental College, which leads the world to day in practical dentistry. Handicapped, as we are, we are nevertheless progressing. Your college is heading toward that plane of efficiency which places her in the front rank of medical institutions. Many additions have been made to the corps of instructors. Two new chairs have been added, a chair of Physics, and it is with great pride that I revert to the fact that the gentleman who fills that chair is eminent in his department, and honored not only in this country, but throughout the whole scientific world. Gentlemen, it is a rare privilege that you will have the opportunity of listening to such a teacher as Prof. Edwin J. Houston. Another chair which has been added, and which will be of superlative value to you, is that of Electro-Therapeutics. In Professor Kennelly you have an instructor who is one of the leading masters in this new department of science.

And so I could continue to speak of the other teachers recently added to the college. With such additional advantages, you will continue to keep the olive the gold* ever bright, ever shining. There are other opportunities given you for advancing yourselves. You have a variety of fraternal associations; you will be asked to join quiz classes and societies. Join them, and become active workers. Let the "pride of ambition and the inspiration of generous emulations" help you to individual achievement. Let each week have its review. Not only drive the nail, but clinch it. By this means you will become adepts by asking and answering questions. If you fall below your classmates, their success will be a means of stimulating you to better work. Some of the most pleasing recollections in after life will be your class-day associations. As you go on from one semester to another your line of instruction will be in keeping with your progress. Your last two years will find you in the field of practical medicine. I mean by this that you will be given the opportunity of becoming thoroughly acquainted with disease at the bedside. You will

*College colors.

learn the technique of surgery, gynæcology, and obstetrics, and in the special departments, such as ophthalmology, otology, and dermatology you will have opportunities unsurpassed. Our large clinics in the various departments warrant me in making this statement.

You are on the edge of a future which will, at the touch of your hand, show mighty developments. Let another Pancoast, Gross, Pasteur, or a Koch be found among your class. "Do what you can in your life; but, above all, love the highest and deepest and best that you can." As you stand on the shore of the great ocean before you, do not think that you have no other motive than to acquire sufficient knowlebge to enable you to pass your examination and thus get a diploma. Medicine is not a complete science; many changes have taken place in the medical world during the last decade; many more will be unfolded in the next ten years. Look what changes have been produced by the discoveries of Pasteur and Koch! In many diseases the whole line of theory and treatment has been changed. Contrast the surgery of to-day with that of a few days ago! How little is known about contagion! The vast field of preventive medicine is almost entirely unexplored. I feel sure that the day is not far distant when such a chair will become the most important in medical colleges. You who are inspired, remember that many crowns of laurels await you. You may not acquire wealth in gaining these honors, but you may do more—you may confer blessings upon your fellow-man. "Who can estimate the money value of the discoveries of Louis Pasteur to humanity?" asks one of our ablest writers. In the opinion of Professor Huxley, these discoveriss "have made good the war-indemnity of five thousand million francs paid by France to Germany."

Personal habits have much to do in making or unmaking a professional career. Abstain from all unpleasant habits. See that your bodily health is as well looked after as your mental. Young men when they join college classes are sometimes led away by the idea that to chew tobacco, use profane language, and approach the slovenly are passports to manliness. Do not make this mistake. If education refine the mind let your habits refine your body. Remember that, of all men, the medical practitioner should be, above all things, a perfect gentleman.

Being convinced of the value of Kola as a tonic stimulant, and desirous of presenting a preparation which should contain the active medicinal principles of the drug, yet free from its acrid and bitter taste, Messrs. Frederick Stearns & Co., of Detroit, Mich., after long study and experimental investigations have, by an original process, produced a preparation, "Stearns' Kola Cordial," which is one-fourth the fluid extract strength, and is palatable and delicious in taste. It has been tested in several large hospitals, and in the private practice of many prominent physicians.

Dr. E. B. Smith, of Detroit, Mich., in speaking of the preparation,

says: "Kola Cordial in my hands has supplied a great want. It seems to be a systemic tonic, acting especially upon the nervous and vascular systems. The action upon the circulatory system is a peculiar one, and in surgical cases where I have administered, it seems to be a valuable addition to our armamentarium."

Kola owes its therapeutic action to Caffeine, Theobromine, and a principle peculiar to itself, called Kolanine. Its stimulating and sustaining effects on the nervous system are more prompt, powerful and of longer duration than that of Caffeine alone. It is also superior to Coca as a cerebro-spinal stimulant, with none of the objections which so frequently follow the continued use of the latter. Stearns' Kola Cordial is to be recommended to those whose work subjects them to excessive mental or physical exhaustion.

Messrs. Frederick Stearns & Co. will gladly mail on enquiry samples and literature, or will forward an original package to those physicians who are willing to assume the express charges.

Treatment of Diphtheria.

Dr. Brasch (Muenchener Med. Wochenschrift, No. 18, 1894,) has employed, at various times, different methods in the treatment of diphtheria. Since 1889 he uses the following measures. In patients over twelve years of age, where they are able to gargle every hour or two, they are allowed to use with the following:

℞	Corrosive Sublimate	0	1	(grs. jss)
	Chlorate Soda	2	0	(grs. xxx)
	Distilled Water	200–300	0	℥ vjss-ixss)

Antipyrine or the salicylate of soda may be given for the fever, the latter with addition of pilocarpine (0.001-0.005) once to twice a day, as the membranes dissolve more or less rapidly. In grave cases and in small children he recommends the cyanide of mercury, internally, from the very beginning of the disease and in the following form:

℞	Cyanide Mercury	0	1	(grs. jss)
	Distilled Water	250	0	(℥ viij)
	Simple Syrup	50	0	(℥ jss)
	Tr. Aconite	1.0–2	0	(gtts. xv-xxx)

A small teaspoonful every half-hour, hour or two hours, in a glass or an earthenware cup, but not from a metallic spoon, according to severity of the case. For a quarter of an hour after its administration neither food nor drink should be given. Give the remedy day and night.

Matrimony as a Cure.

A dress reform advocate asserts that a man should not marry a lady hose waist measures less than twenty-five inches.—*Indian Med. Record.*

If the man is all he should be the waist will develop.

PYROZONE.

(3 per cent. Aqueous Solution.)

THE name PYROZONE is applied by the manufacturers to absolute H_2O_2. The 3 per cent. aqueous solution answers to the tests of the new U. S. Pharmacopœia, with the additional advantages that it is pressureless and permanent, losing none of its energy until used. It is far superior both in exactness of strength and keeping qualities to the usual strength of peroxide of hydrogen. Dr. Bansford Lewis says: "Pyrozone is certainly an advanced step."

DIURETIN.

(Knoll)

THIS valuable diuretic has been extensively used by a great number of prominent practitioners, among whom may be mentioned DuJardin-Beaumetz, Masius, Demme, Erb, Keyes, Babcock, Herrick, Henderson and many others, in the treatment of **Dropsy, Heart Disease, Scarlatinal Nephritis, Rheumatism,** and as a general **Diuretic.**

TARTARLITHINE.

A New Remedy for GOUT and RHEUMATISM.

A prominent Physician writes: "I have used Tartarlithine in the treatment of about a dozen cases of my own with results that are little less than wonderful. The characteristic feature of its action is the rapidity and promptness with which patients improve under its use. An improvement is noticeable within 24 hours."

EXALGINE.

(Analgesic.)

HAS been extensively employed in **Rheumatism, Neuralgia, Cephalalgia,** etc., and in the treatment of **Pain** generally.

Exalgine is largely used at the present time in Germany in the treatment of **Chorea,** for which it was originally recommended by MONCORVO, and extensively used by LOWENTHAL, of Berlin, and DANA, of New York. The dose should not exceed 2 or 3 grains three times a day at first.

Literature on the above, also on Albolene and Albolene Atomizers, Pyrozone Atomizers, Comp. Stearates, Pulverflators, McK. & R. G. C. Pills, Fluid Extracts, &c., furnished on applying to

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Dr. J. B. S. HOLMES'

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DISEASES of WOMEN

Is now completed and open for the reception of patients. The building is entirely new, designed and built especially for a SANATORIUM. It is finished throughout with hard wood, the walls are hard finished, and precaution has been taken, in every detail of construction, to render it, with proper care, absolutely clean and aseptic. It is heated throughout with hot water, and, in addition, all bedrooms have open grates; lighted with gas and electricity; electric passenger elevator and call bells; experienced matron; select corps of trained nurses, both German and American.

Physicians who wish to send this class of patients from home for treatment may be assured that everything possible will be done for their comfort and restoration to health. For further information, which will be cheerfully given, please address

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Syr. Hypophos. Co.--Fellows.

Containing the Essential Elements of the Animal Organization—Potash and Lime;

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And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a SLIGHTLY ALKALINE REACTION.

IT DIFFERS IN ITS EFFECTS FROM ALL ANALAGOUS PREPARATIONS; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

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Its Action is Prompt: it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

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NOTICE--CAUTION.

The success of Fellow's Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, NEW YORK.

The Charlotte Medical Journal.

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Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

PRESCRIPTION ACCIDENTS.

When we consider the immense number of prescriptions that are written daily, it seems remarkable that so few mistakes occur. It is certainly to the credit of physicians that poisoning by the accidental misapplication of drugs at their hands is so rare. There are many ways in which a prescription may fail in its mission before or after leaving the druggist. Next to the lawyer, who is famous for his chirography, the physician is second, and makes a good one. If we will only stop to think how few people can write legibly, we will be surprised. This is different from women—they, as a general rule, if they can write at all, write plain and distinct. In connection with prescriptions the hand writing should be particularly distinct. It is especially in writing symbols that mistakes are liable to occur, A hastily written scruple and drachm may bear such a close resemblance as to escape the commission of a blunder only by chance, An inexcusable source of error is in a lack of sufficient explicitness in the written directions on a prescription. Such vague expressions as "use as directed," "a teaspoonful when needed," are open sources to accident. Patients find it very difficult to remember directions. Every physician should acquire the habit of carefully re-reading his prescription before leaving his hands. It is probably not unjust to state that more mistakes in connection with prescriptions are made by druggists than by physicians. With the more careful training that is now being given to graduates in pharmacy, this source of error will be reduced to a minimum. Prescription writing is a very responsible task, and continual carefulness is obligatory on every one.

TACT.

Everybody does not know what this word means, and if they should know many do not understand its utility. If one wishes to achieve success in the medical profession, or in any thing, the one quality that is more useful than any other in this world is tact. You may have every endowment under the sun; you may be intelligent, intellectual, energetic;

you may have the three familiar qualities of push, pluck and purseverance, but without tact all your efforts will be futile. Brute force is a very ineffectual affair beside it. It is the old story of the sunbeam and the north wind when the two come into question together. Brute force may succeed, but then again it may fail, and in either case it leaves an unpleasant memory behind it; but if tact fails, all is serene, and one may try again with equanimity. Some think that tact is policy, and policy is deceit. But those who consider tact as deceit must condemn the man who said: "A soft answer turneth away wrath."

Its nearest approach to deceit is in the suppression of the disagreeable. A fine tact will set itself at once to find the four quarters of the compass, moral and mental and social, in relation to every place in which it finds itself. Did you never see a man in a community who was full of tact, and haven't you noticed that he always was a success. He will adjust himself to the demands of the situation, will soon find out who is easy, who is true, who is treacherous; what subjects are to be avoided, who are safe, who will tell the truth, who will do the right thing. He will remember who is related to whom. Will make it a business to recall what may have been known concerning this or that individual in order to help or spare or make it pleasant for them, or to avoid contretemps or unpleasantness, keeping all those circumstances which tend to make happiness running smoothly enough to do so. One thing certain, tact cannot belong to a person with an evil disposition, or an unkind heart, for in almost all instances of its use it means simply kindness; it means a warmth of heart, a pleasantness of emotion, a desire to make pleasure. Therefore, my physician friend, if your disposition is evil and your heart unkind, first change them. Tact will follow and you will be happy and prosperous.

DIPHTHERITIC ANTITOXINE.

Koch's announcement of the discovery of the antitoxic treatment of diphtheria has excited universal interest, both in the medical and bacteriological world. The principles on which this treatment is based were, however, discovered many years ago by Carl Fraenkel, who experimented with diphtheritic toxine in numerous cases and with the most brilliant results. The character of diphtheritic poison is as yet not clearly understood. It has, for the past few years, been known to closely resemble certain ferments that are generated in the alimentary canal. This being the case, it may yet be established that certain abnormal conditions that are so often present in the stomachs of children, facilitates the creation and multiplication of this specific poison. Fraenkel, who first rendered animals immune, based his experiments on the theory that if the poison be the active principle, one must merely accustom the animal to the poison. He obtained the toxine, heated it up to 65 C., thereby

modifying it, and injected it into the animals without producing fatal results. After two weeks he repeated the injections and continued thus till he considered his vaccination complete. He then inoculated poisonous doses of the toxine with impunity and further found that after a certain time his animals resisted fatal doses of the pure culture. About the middle of last March Mr. Schering, of Berlin, prepared a solution of antitoxine for Dr. Aronson, and it is with this solution that the best results have been obtained. Up to a few months ago the very best results ever obtained, from various forms of treatment in diphtheria, was a death rate of 38 per cent. Since then, with the use of the solution of antitoxine the mortality has been reduced to 13 per cent.

DR. OLIVER WENDELL HOLMES.

'Tis with profound regret that we refer to the death of Dr. Oliver Wendell Holmes. Though he lived many years over the time allotted man, yet his genial and gentle and happy disposition deserved these years. Not only was he so well known as a physician, but also as a professor, a poet and a scholar. He was born on the 29th of August, 1809. He was the son of a talented and cultured Cambridge Clergyman. In his early life he reaped the benefits of a refined and educated home. He graduated at Harvard University in 1829. At first he studied law one year, but abandoned that in 1830, and began the study of medicine. After spending two years in Paris Hospitals, he took his degree at Harvard in 1835. For three years he filled the chair of anatomy and physiology in Dartsmouth College. In 1847 he was elected Professor of Anatomy in the Harvard Medical School, which position he held till 1882.

He entered quite extensively into the study of medical subjects, and his writings have won many prizes. His best essay was on the Contagiousness of Puerperal Fever, which was read before the Boston Society of Medical Improvement in 1842. He afterwards wrote thus:

"When, by the permission of Providence, I held up to the professional public the damnable facts connected with the conveyance of poison from one young mother's chamber to another's—for doing which humble office I desire to be thankful that I have lived, though nothing else good should ever come out of my life—I had to bear the sneers of those whose position I had assailed, and, as I believe, have at last demolished, so that nothing but the ghosts of dead women stir among the ruins."

He was a contributor to many Journals. His literary work made him famous. On his 85th birth day he said:

"After four score years the encroachments of time make themselves felt with rapidly increasing progress. The twelfth septennial period has always seemed to me one of the natural boundaries of life. One who has lived to complete his eighty-fourth year has had his full share even of an

old man's allowance. Whatever is granted over that is a prodigal indulgence on the part of Nature. When one can no longer hear the lark, when he can no longer recognize the faces he passes in the street, when he has to watch his steps, when it becomes more and more difficult for him to recall names, he is reminded every moment that he must spare himself, for he is nearing the limit of his life."

The New York Medical Journal closes an editorial with the foliowing:

"Our bereavement is not merely national, but one that will be felt wherever the English language is spoken, for Holme's genius was the common heritage of the English-speaking race. Walter Besant has voiced a general sentiment in saying: 'At this moment I can not think of him as a writer to be classed or placed. I can only think of him as the man we all loved.' *Frater, ave atque vale!*"

UNGRATEFUL TO THE SURGEON.

There was a time when every thing, every disease, had to be cured by an operation—that it did really seem that surgeons were very anxious to operate, but such is not the case now. There is a great deal more conservatism in surgery at the present time than there was a few years past. Taking into consideration the very great desire some surgeons may have to operate, it cannot be for a moment doubted that any surgeon would undertake an operation other than for the patient's good. Some silly and ignorant people believe that often an operation is undertaken for the surgeon's instruction. They seem to forget that when an operation is under taken that the responsibility resting upon the surgeon is very great, and for an unsuccessful result to follow may, and does to some extent, crim inate his reputation. "When in doubt operate," is so construed by many as to mean that when the surgeon does not exactly understand the nature of the disease operate and find out the truth, when it was intended to be construed that an operation might be a benefit to him—the doubt is in his favor. The surgeon's knife has been the means by which many have been saved from, it seemed, an inevitable death. Let us not be ungrateful to them.

FRACTURES OF THE LEG.

Jacques Borelius states that permanent extension should be employed in but comparatively few cases when reduction under narcosis has not been successful or where it has been impossible to maintain reduction. The cleansing of the open wound in complicated cases is a matter of great importance. In most cases suture through the bones is not necessary, suture of the cortical portion being sufficient to fix the fracture. In making such a suture care must be had not to dissect the periosteum and soft parts too freely from the ends of the fracture.

THE DIET FOR TYPHOID PATIENTS.

Statistics show that during the last twenty years typhoid fever has been gradually becoming a much less fatal disease. This is very largely due to improvements in the management of these cases. The greatest advances have been made in the selection of the quality and quantity of food necessary in each case. Formerly patients were made to endure their intense thirst without the use of a single drop of water. Now they are not only allowed all the water they crave, but in quantities of several quarts per day, and as cold as ice can make it. This plan has a marked influence on lowering the fever, and "washes out the blood, liver and kidneys." In a large majority of cases, milk is the best diet. Many conditions, however, render it almost as dangerous as solid food. Milk that is intended for typhoid patients should not be over four or five hours old, and it should be kept on ice constantly from the time it is milked till it is used. Analysis show that milk managed even in this way, show signs of souring or fermenting when it is only two hours old, and is more liable to form hard curds in the stomach than when it is perfectly fresh. Since the old plan of giving typhoid patients several quarts of milk a day has exploded, the mortality in those cases has materially lessened. Many patients have a disgust for milk, and it is often necessary to select some other diet, and in those cases I usually recommend Liquid Peptonoids with Creosote. With this preparation I have seen patients thrive and do well for weeks with no other diet. It is very seldom that patients object to the taste of it. On the other hand many relish it.

PARALYSIS IN A GIRL SIXTEEN.

During a short stay in Concord, N. C., some time ago, I went with Dr. Lilly to see a girl sixteen years of age completely paralyzed from the shoulders down. This girl was the mother of one child two years of age. She was now expecting to be confined the second time. She left her work on Friday night feeling badly. On the following Saturday morning she was completely paralyzed as described above. The paralysis was so complete that on the following Sunday morning the child was born and the girl was not conscious of it till she was told of the fact. The child was well developed, but dead. She had no history of any injury at any time previous to the paralysis. She was a healthy, well grown girl. For the several days she was paralyzed she had a temperature of about 102°, with the circulation of 120. After the birth of the child her condition remained unchanged till the following Tuesday, when she died. I mention this case particularly for its rarity. There are only a few cases on record where paralysis is so complete in one so young, without any history of previous injury at any time.

FALSE MODESTY.

False modesty is a besetting evil of our civilization. It should be discouraged by all having the welfare of the race at heart. This item recently appeared in the Indiana Medical Record, which is a good one:

"Dr. Hattie T. Griswold, who is far from being a pessimist or a sensational writer, inveighs bitterly against the *false* delicacy which is ashamed to speak of the mystery of life in a proper manner to a child, and prompts teachers and parents to let their boys and girls learn by a terrible experience, perhaps, and often *too late*, what they were too modest to warn them against. In every community there are debased women who seek to lure our boys to destruction, and male fiends who delight in demoralizing and ruining our girls, and yet we let our children go out into a world teeming with overwhelming temptations without so much as a word of warning as to the awful consequences of sexual vice. The eternal demand in nature for purity, and the lasting disease, suffering and disgrace that inevitably punish impurity, *cannot* be too early or too strongly impressed on every child. Whoever, therefore, shirks the duty of imparting to those under his care the power of discrimination between good and evil, *deliberately* sins against God and man, because he wilfully causes bodies to be ruined and souls to be lost through ignorance of what he *should* have taught them to avoid."

TREATMENT OF STRANGULATED HERNIA.

Dr. G. E. Wherry is of the opinion that all cases in which signs of strangulated hernia have existed for less than twenty-four hours should be relieved by coughing-taxis, especially in inguinal hernia previously reducible. If taxis fail, chloroform should be given and herniotomy performed, with an attempt at radical cure. In cases in which taxis is successful, an operation for radical cure should be advised before the return of the patient to an active life.

Dr. M. L. H. Petit recently reported three cases of sudden death following the use of the bicycle, all in persons suffering from a cardiac affection. The first case was that of a man of 60 years, robust in physique, who had practiced with his teacher for a month, and who, during a lesson, feeling indisposed, called the teacher and died in his arms. The second case was that of a physician, who wished to reduce his size by bicycle-riding. He had never had any cardiac trouble. At the end of several months he was attacked with dyspnœa and excessive pain in the heart. He descended from his machine, seated himself on a bench, and died shortly after. The third case was that of a clubman, about 40 years old, who died on his bicycle on one of the streets of Paris. He also had a cardiac affection.

A NEW AND VERY NOVEL FARADIC BATTERY.

The major portion of those who manufacture Electric Batteries for medical purposes are making almost precisely the same cells accessories that were constructed and sold twenty years and more ago, and until the Chloride of Silver Dry Cell Batteries made their appearance in the market, nothing had really been accomplished towards making apparatus of this character less troublesome to the physician, more to be relied upon, and at the same time in keeping with the great advances which had been made in other branches of the electrical business. The Chloride of Silver Dry Cell Battery Co., of Baltimore, Md., the manufacturers of these cells are a live progressive house, and are ever on the alert to improve their fabric. They have recently added to their already very numerous designs of medical batteries, a most beautiful, convenient and low priced Faradic Battery for physicians visiting purposes, which they claim to be the finest apparatus for the money that has ever been produced. Write thir company for descriptive circular and price list of their new Faradic Battery, No. 14, and if you would like one of their elegant and complete catalogues, send four cents in stamps—actual cost of mailing—and they will cheerfully send you one.

THE SIMS STATUE.

The unveiling of the statue of the late Dr. James Marion Sims took place early in October in New York City. This statue stands in Bryant Park. This was an occasion that should be very dear to South Carolinians and the Southern people in general. He was one of the greatest men that ever lived, and his memory will be cherished by the whole world. That this statue should be erected and placed in the Metropolis, where he labored so long, is but a fitting memento to this great and good man.

HEREDITY.

It has been said that man is four-fifths heredity and the other fifth environment. This is very true. Where evil originated will not be discussed, possibly way back in the rear, but evil inherited tendencies will crop out. A thief will be a thief regardless of where you locate him. A child with criminal descent may be properly reared in a cultured and refined home, but vice reigns in his heart, and sooner or later will show itself.

Traction on the Tongue in Hysteria.

Th. Balade (Gaz. des Hop. de Toulouse; Med. Rec.) has in two cases made very violent hysterical attacks cease by traction on the tongue, the organ being drawn with some force out of the mouth, and kept in that position for some minutes. This procedure was successful when every other treatment had failed.

LIQUOR UTERANS.

(V. P. o.)

WE DESIRE to call the attention of Physicians to this preparation as a superior **Utero-Ovarian Sedative and Anodyne.**

EACH FLUID OUNCE REPRESENTS:

BLACK HAW	55	Grains.
BLUE COHOSH	28	"
GOLDEN SEAL (Represented by the White Alkaloid)	55	"
JAMAICA DOGWOOD	25	"

The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a UTERINE TONIC AND ANODYNE SEDATIVE is indicated.

DOSE:—ONE-HALF TO ONE TEASPOONFUL.

Eminent practitioners contend that the present habits of life tend to produce Uterine and Ovarian disorders of various kinds.

The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with LIQUOR UTERANS.

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of LIQUOR UTERANS. We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

Samples will be cheerfully mailed to Physicians on application.

Correspondence and reports of cases invited.

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BOOK REVIEWS.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A Yearly Report of the Progress of the General Sanitary Ssiences throughout the World. Edited by CHARLES E] SAJOUS, M. D., and Seventy Associate Editors, assisted by over two hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with chromolithographs, engravings and maps. Five volumes. The F. A. Davis Company, Publishers, Philadelphia, New York, Chicago and London. Australian Agency: Melbourne, Victoria. 1894.

This 1894 issue of "Yearly Report of the Progress of the General Sanitary Sciences throughout the World," is in keeping with its predecessors in thoroughness. The medical profession cannot but feel proud that this magnificent series of volumes owes its existence and success to the indefatigable efforts of a distinguished American physician and an enterprising publisher. We have on several occasions, pointed out the advantages of such a yearly retrospect to both the general practitioner and the specialist, and it need only be said here that this work saves the medical man, and especially him who writes, a vast amount of time and labor in research. Each department of medicine, surgery, obstetrics, anatomy, physiology, etc., has been handled with a masterly hand, and the result is the bringing together of all advances that have been made in the respective departments. Indeed it would seem that this work is indispensable to the practitioner who feels the earnest responsibility of his calling in dealing with human health and life. This work has become so popular that it can be said without hesitation that it is the best consulted book extant. This series is similar to its predecessors in its general construction and arrangement. The contributious are of a very high order. They are all so useful and valuable that we refrain from making any distinction. It is needless and impossible to discuss in detail the features of this work which has become a necessity to the busy and progressive doctor. This work is complete in five volumes, and the price is $15.00, which is a moderate amount for such a store house of information, systematically arranged with excellent indexes, which enables the owner to readily refer to any subject about which advance has been made. Such a work as this cannot be reviewed. Two important factors in the success of this Annual is its mechanical excellence, and its prompt appearance from the press. We commend it to every medical man as containing the latest and best of valuable information.

STUDIES IN ORIENTAL SOCIAL LIFE, AND GLEAMS FROM THE EAST on the Sacred Page. By H. CLAY TRUMBULL. Octavo, pp. 450. Philadelphia: John D. Wattles & Co. $2.50.

Few books have been written of a more interesting character than the present one. When you read this book which tells of the manners and customs of the lands of the Bible, you can more fully understand the words of the Bible. The prime advantage of a study of Oriental social life is that the past is there found reproduced in the present as reflecting

the ancient history of our race. The Oriental social life of to-day is the Oriental social life of former days. Then, that which is, is that which has been; and that which is and has been in the cradle-place of humanity, is that which has put its impress upon humanity everywhere. The study of the Oriental present is, in fact, a study of the universal past, and, therefore, it is a study for all and for always.

This volume is not, on the one hand, a mere narrative of personal travel and observation, nor is it, on the other hand, a miscellaneous collection of Oriental illustrations of Bible truths. But it is a classified treatment of certain phases of Oriental life and methods of thought, vivified by personal experiences in the East; and herein it has a distinctive character. This handsome volume is a series of lectures on Oriental social life, delivered before the Archæological Association of the University of Pennsylvania. The work contains about 450 pages, and is beautifully illustrated. The plates are very handsome. The book is heavy and the paper and type fine. The scholarly editor of the Sunday School Times has performed a useful service to Bible students and others in preparing this attractive volume. The description of many social customs in the East is unique and intensely interesting.

MANUAL OF HUMAN PHYSIOLOGY. By JOSEPH H. RAYMOND, A. M., M. D, Professor of Physiology and Hygiene, Long Island College Hospital, and Director of Physiology in the Hoagland Laboratory. With 102 Illustrations in Text, and 48 full-page Colored Plates. Philadelphia: W. B Saunders. 1894. Demi 8vo. Pp. 382. Cloth, $1.25.

This neat and handsomely issued "manual" is the best that has come under our eye. It has been prepared with special reference to the wants of students, and admirably fills the bill. The author's experience of twenty years as a teacher of physiology to medical students has brought him to the conclusion that in the short time allotted to the study of physiology in medical schools, students can assimilate only the main facts and principles of this branch of medicine, which lies at the very foundation of a sound knowledge of the healing art; and even if there were time to investigate the more recondite and abstruse parts of the subject, such an investigation would be profitless during this formative period. In his teaching the author has kept this thought constantly in mind, and in this manual has endeavored to put into a concrete and available form the results of his experience.

This book fills a very important place. It is not too small for the graduating student to use, nor too large for the average student to read through each year and gather from its pages those facts which will enable him to follow the lecturers attentively, and to review his studies thoroughly for examination. This work contains about 385 pages, and the price is so reasonable as to put it in reach of all students, and this is a very important matter. The manual is first-class in every respect.

MATTER, ETHER, AND MOTION. The Factors and Relations of Physical Science. By Prof. A. E. DOLBEAR (Tufts College(, author of "The Telephone," "The Art of Projecting," etc. - Lee & Shepard, Publishers, Boston. Revised and Enlarged Edition. Cloth. Illustrated.

In the new edition of "Matter, Ether, and Motion," the author gives us a complete *resume* of mechanical principles worked out through all the departments of physics; this book is a striking illustration of the manner in which a complicated and recondite subject can be made plain to the average reader by one who has thoroughly digested it.

Beginning with Matter, Ether, Motion, and Energy—the factors in all phenomena—the author shows how they are involved in heat, light, electricity, chemistry and life; and in language free from technical terms, presents a treatise which should be read by all interested in physics, so that they may form logical conclusions on the great subjects discussed. In the treatise, the author brings forward several new physical laws, as for instance on page 75, where the transference of Engergy is considered; also on page 309, where sympathetic action is shown to belong to each department of physics.

There are new phenomena, new explanations, and new conclusions, as, when it is shown. how it happens that chemical action cannot go on in the absence of heat; that crystalization is a necessary consequence of the vibration of elastic atoms; that there can be no such thing as Light; how Ether waves are set up by electro-magnetic action and how all the phenomena of Matter, including itself, may be explained on the assumption that it is a mode of motion of the Ether.

Very likely some will think that there is a good deal of speculation here, but what a person considers obvious depends upon what he considers first principles and also how clear his mechanical perceptions are.

The new chapters of the book give to it much additional value and interest, as in them the author shows how Energy is involved in such phenomena as are presented in Spiritual Seances, and points out that such phenomena all employ Physical Energy in such a way as to be clearly amenable to physical laws. He does not deny that such phenomena occur, he even admits that they sometimes may. Price $2.00.

ESSENTIALS OF THE DISEASES OF THE EAR. By E. B. GLEASON, S. B., M. D., Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia, etc. Philadelphia: W. B. Saunders. 1894. Cloth. Small 8vo. Pp. 147. Cloth, $1.

This is another of "Saunder's Question Compends," and is a good one. This compend has been written mainly for physicians who may desire to take a post-graduate course in otology. This book will take the place or to act as a supplement to brief course of lectures that undergraduates receive in otology. The essentials of otology are here stated concisely without sacrificing accuracy to brevity. The book has a good index and the illustrations are well drawn.

AMERICAN AUTHORS: A Hand-Book of American Literature from Early Colonial to Living Writers. By MILDRED RUTHERFORD. 12mo, pp. 778. Atlanta: Publised by the Author. $2.

This is not a work for the scholar or the close student of American literature, but it seems serviceable as a popular manual for schools (it has some distinctively text-book features), as well as for home libraries and private reading. A brief biographical sketch, anecdotal rather than critical, of a very large number of authors is given, with lists of their principal works, occasional extracts and a goodly number of satisfactory portraits. The general arrangement is chronological and the author has indicated the connections between our literature and the general movements of events by a regular series of frequent "history reviews." Besides the well-known literary personages—including the latest writers of the day—the author has noticed briefly many names which, to the ordinary reader, will be new or feebly remembered. Literature has been liberally interpreted to include theology, science and occasionally journalism. The book is closed by an alphabetical list of several thousand American writers, including those reviewed in the body of the book, with dates of birth and death. The work gives one the impression of careful preparation and general accuracy.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY: An Introduction to the Study of Obstetrics and Gynæcology. For Medical Students and Practitioners. With a Glossary of Embryological Terms. By WALTER PORTER MANTON, M. D., Professor of Clinical Gynæcology and Lecturer on Obstetrics in the Detroit College of Medicine; Fellow of the Royal Microscopical Society, of the British Zoological Society, American Microscopical Society, etc., etc. Illustrated with Seventy (70) Outline Drawings and Photo-Engravings. 12mo. Cloth, 126 pages, interleaved for adding notes and other Illustrations, $1.25 net. PHILADELPHIA: THE F. A. DAVIS CO., Publishers, 1914 and 1916 Cherry Street.

The subject of Embryology is the most difficult and heretofore the most unpleasant task that fell to the lot of the student. He simply dreaded it. But with this Syllabus of Lectures at his command, the subject will be made plain and most interesting, It furnishes students and practitioners as well an outline of the principal facts in human physiology. This excellent little book has been arranged so that it can be used in the class-room, the printed headings serving as a guide during the elaboration of the subject by the teacher. Blank pages have been provided so that the lecture can be taken down by the student in the class-room. This is a decided help—so many things occur in a lecture room that a student forgets, but with this arrangement he can keep these things in mind. The book contains something over 100 pages, is nicely printed and of convenient size. We can commend the little book as a safe and useful guide.

ROSES AND THISTLES. By RUFUS C. HOPKINS. Octavo, pp. 480. San Francisco: William Doxey. $2.25.

One is not so surprised to find a book of verse containing nearly 500 pages when it is ascertained to be the product of a lifetime. Mr. Hopkins.

now a citizen of San Francisco, tells us that his poems "have been written for amusement during the course of a long life, solely to please himself." The poems are dated from 1835 to 1894, and were mainly written in various parts of the West and Southwest. Mr. Hopkins' muse shows strong tendency to be didactic and allegorical, and to capitalize the functions of nature and the human brain. The versification is generally smooth, and variety in form is not lacking; epitaphs, dramas, occasional pieces, "imaginary conversations," epistles, a poem in Spanish, number of pieces in Scotch dialect, etc., etc., being provided for the reader's choice. The volume presents a very pleasant appearance and is graced with a portrait of the author.

After the Manner of Men. A Novel of To-day, by Robert Appleton. The Franklin Publishing Company, 82 Federal Street, Boston.

Mr. Appleton, of Boston, is earning for himself a high place among American novelists, and if he continues he will soon deserve the leading place. "After the Manner of Men," his latest novel is an admirable word picture of English Society and the scenes and events are dealt with in a style as vivid as it is stirring, striking and original. The book is decidedly worldly. "Society is"—its difficult to define. A number of people come together in a close drawing room, dressed in their best garments, and most anxious to please each other. Wretched tea and a profusion of indigestible edibles is generously provided for the careful congregation, each member of which appears to be most solicitous about the others. We talk of politics and State; we talk of literature and art; of religion and science, but we neither believe in one nor die for the other, nor interest ourselves in the third, with the exception of the professors, who can also be met with in those drawing rooms. What will you have us do? We applaud merit, we patronize talent, we censure evil. while we are neither meritorious, nor talented, nor particularly good or virtuous. And yet we are not hypocrites or monsters; we are mere machines." Mr. Appleton has produced a book that should be read by every intelligent student.

Transactions of the Royal Academy of Medicine in Ireland. Vol. XI. Edited by William Thompson, M. A. F. R. C. S., General Secretary, Surgeon to the Richmond Hospital, Dublin. Dublin: Fannin & Company, Grafton Street. 1993.

These transactions make a volume of over 500 pages, well bound and handsomely printed. They are most complete in every sense. The subject matter herein found is of the highest type—coming from the most learned and prominent men of the medical profession of Ireland. Each writer is familiar with his subject, and handles it in a graceful and fluent manner. The illustrations are good and numerous. In the beginning of the book is given the officers of the Academy, with their sub-officers and the list of Fellows with Honorary Fellows, with the rules and regulations.

They are the most complete transactions that we have yet had the pleasure of receiving.

THE POCKET ANATOMIST. By C) HENRI LEONARD, A. M.. M. D., Professor of Gynæcology Detroit College of Medicine. Leather, 300 pages, 103 Illustrations, postpaid $1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

The eighteenth edition of this popular anatomy is now before us; it is printed upon thin paper and bound in flexible leather so as to be specially handy for the pocket. The illustrations are photo-engraved from the English edition of Gray's Anatomy, so are exact as to their details. Three large editions have been sold in England, testifying to its popularity there, and some sixteen thousand copies have been sold in this country. It briefly describes each artery, vein, nerve, muscle and bone, besides the several special organs of the body. It contains more illustrations than any of the other small anatomies.

Literary Notes.

There is no magazine that maintains a more uniform or higher degree of literary excellence than the old, well-known weekly eclectic, Littell's Living Age. The selections are taken from the leading foreign quarterlies, reviews and magazines with the truest judgment, and in its variety there is something for every cultivated taste. "The Outskirts of Europe," by J. D. Rees; "A Greek Courtship," by F. M. F. Skene; "Surgery and Superstition," by Frank Rede Fowke; "The Rajahs and Sarawak," by Hughues Le Roux; "The Question of Korea," by Henry Norman; "Time-Gauge of Niagara," by Thos. W. Kingsmill; "Hadramut: A Journey in Southern Arabia," by J. Theodore Bent; "The Buried Elephants in the Arctic Regions," by D. Gath Whitley; "Hobbes." by Frederick Pollock; "Mr. Ruskin as a Practical Teacher," by M. Kaufman; "The Khedive of Egypt," by Stuart Cumberland, are some of the many valuable papers contained in recent issues, and constitute about one-third in number of those republished during any four weeks. To busy men and women who wish to be informed in regard to current English periodical literature and have the best papers, the most representative, profitable and entertaining, culled for them by a competent hand, The Living Age is indispensable. New subscribers for 1895 are promised the thirteen weekly issues for the current quarter free. Address, Little & Co., Boston.

The frontispiece of the October Review of Reviews is a reproduction of a photograph of William Cullen Bryant, taken shortly before his death, and now published for the first time. The centennial anniversary of the poet's birth is the occasion of the appearance in this number of the Review of an appreciative article on Bryant's place in our literature from the pen of Mr. William R. Thayer. The Review commends to our public schools

and other institutions the celebration of the anniversary day, November 3, or Friday, the 2d, if more convenient, as a proper tribute of respect to the memory of the Nestor of American letters.

Reprints.

The Physiological Role of Antitoxine Inoculations. Editorial in the American Therapist, September, 1894.

Two Decades in Medicine. By T. H. Hudson, M. D., Kansas City, Mo. Reprint from "Keynote of Homeopathy," July, 1892.

Nucleins: A Clinical Study. By John Aulde, M. D., Philadelphia. Reprinted from the New York Medical Journal for September 29, 1894.

Bladder Gymnastics and Auto-Irrigation. By Byron H. Daggett, M. D., Buffalo, N. Y. Reprint from Buffalo Medical and Surgical Journal, July, 1894.

Tea and Its Effects. By James Wood, M. D., Visiting Physician to the Brooklyn Central Dispensary. Reprint from American Medico-Surgical Bulletin, September 1. 1894.

Precipitated Labor with Rupture of the Umbilical Cord and Inversion of the Uterus; Report of a Case. By Alfred G. Pfeiffer, M. D. Reprint from the American Medico-Surgical Bulletin, September 15, 1894.

Chronic Otorrher. Its Significance and its Treatment. By Dunbar Roy, A. B., M. D., Atlanta, Professor of Ophthalmology and Otology in Southern Medical College. Reprinted from the Transactions of the Medical Association of Georgia.

Skin Grafting for Malignancy of the Orbit. By Flavel B. Tiffany, M. D., Kansas City, Mo. Read before the North Texas Medical Association, at Sherman, Texas, June 20th, 1894, in the Section of Surgery, by J. T. Wilson, M. D., Chairman of Section on Surgery.

Diet for Health. By John Aulde, M. D., Member of the American Medical Association, of the Pennsylvania State Medical Society, of the Philadelphia County Medical Society, Editor of the American Therapist; Author of The Pocket Pharmacy, etc., etc. Reprint from the American Therapist, October, 1894.

A Clinical Lecture on Exophthalmic Goitre (Graves's or Basedow's Disease), James K. Crook, M. A., M. D., Instructor in Clinical Medicine at the New York Post-Graduate Medical School; Physician to the Outdoor Department of Bellevue Hospital. Reprinted from the New York Medical Journal for April 7, 1894.

Bloodless Vaginal Myomectomy. Read in the Section on Surgery and Anatomy, at the Forty-fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5–8, 1894. By Oscar J. Mayer, M D., San Francisco, Cal. Reprinted from the Journal of the American Medical Association, July, 21, 1894.

Massage in Gynecology. Read in the Section on Obstetrics and Diseases of Women, at the Forty-Fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5–8, 1894. By Oscar J Mayer, M. D,, San Francisco, Cal. Reprinted from the Journal of the American Medical Association, August 11, 1894.

The Diagnostic Significance of the Venous and Arterial Murmurs in the Neck, Based on Examinations of Fifteen Hundred Persons. By James K. Crook, M. D., Lecturer on Clinical Medieine and Physical Diagnosis at the New York Post-Graduate Medical School and Hospital. From the American Journal of the Medical Sciences, February, 1893.

Laboratory Doctors.

Laboratory doctors, with troops of dogs, guinea-pigs and rabbits, and numerous cultures of bacteria, are busily at work solving the vexed problems of diseases and teaching their benighted brethren those facts which, as Josh Billings says, "ain't so."

The energies of the active practitioner are occupied in relieving the sick and suffering around him, and recording the facts learned through careful clinical observation and experience.

The laboratory doctor is exposed to many dangers. The pernicious habit of generalizing from a few experiments or an isolated occurrence is almost sure to seize him; the light of the laboratory lamp has something fatal about it, changing impassioned prejudices into rational convictions; beautiful theories, promising a scientific and accurate solution of troublous questions, beset him until he forgets, in admiration of the edifice, that any inaccuracy in the foundation is liable to precipitate into the dust the most imposing superstructure ever reared.

These and a thousand like perils crowd the path of the laboratory doctor from which his brother, the active practitioner, is comparatively free—free because the ideas, inspirations, theories which constantly appeal to the brain of every intelligent physician, are daily subjected to clinical test, a very satisfactory break for headlong ambition.

The medical profession must make a stand, and refuse to accept without remonstrance or dispute the teachings of laboratory physicians, unless they are content to accept the philosophy of the ostrich, and by closing their eyes deny the existence of the interrogation marks which so plentifully intersperse these brilliant theories.—*Medical Brief.*

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Fig. 2.

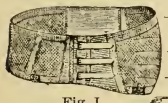

Fig. 1.

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What Is It? Maltopepsine is a dry powder, essentially of Malt-Diatase, Pepsin, Hydrocloric and Phosphoric Acid, with a pleasant, sweetish acid taste.

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Is the same thing in a liquid form. It has a beautiful, clear, claret color, and is as grateful to the taste as a tart grape wine. Peculiarly adapted to the stomach and bowel ailments of children and persons who find powders objectionable.

FREE SAMPLES of the Maltopepsine (dry) will be sent by mail. A *full pint bottle* of the Elivir by express, prepaid, on receipt of 50c. for packing and carriage.

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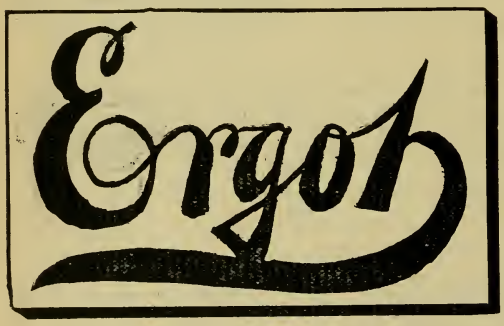

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Free samples will be sent to Physicians who have not had an opportunity and may desire to try it.

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A Case of Pyelitis and Cystitis.

By W. B. Fletcher, M. D., Indianapolis.

T. A. H., a clerk in the U. S. Court, came to me for examination four months ago. He is 47 years old, 5 feet 5 inches high; weight 87 pounds. He came to me because of ceriain nervous symptoms which had alarmed him, although not in good health for ten years, and under the treatment of various physicians most of that time.

He had not been confiued to his bcd, but was able to "drag round" at his work. He said "I do not expect to get well, but my head is aching so constantly, and I have such weakness in my legs, that it frightens me." Upon examination of the naked body, I found the skin roughened in patches, particularly over the chest, in spots from the size of a dime to that of your hand.

The roughness was like grease covered with fine bread crumbs, which could be removed by friction with a dry cloth. The abdomen was rather prominent, there was tenderness over the ascending and descending colon and some pain in pressure over the loins.

Opthalmic examination showed extremely contracted pupil, which under Atropia dilated fully, when the optic disk was found congested, the arteries varicose. The Opthalmoscopic examination particularly called my attention to the kidneys as being the probable cause of his head and general nervous symptoms, and upon making chemical and microscopical investigation of the urine found that it was loaded with pus, with Epithelium from the pelvis of the kidneys, a few granular casts and a large quantity of bladder Epithelium. I found on inquiring that he had to urinate about every three hours day and night, and that the urine had looked light and yellowish for several years, but the deposit was greater of late. I prescribed hot sponge baths followed by a cold wipe down and dry friction every night. Washing the bladder with a saturated solution of Boric Acid every third morning, and Gardner's Syrup of Hydriodic Acid before meals. The results were, in one week a gain of two pounds in weight, a normal pupil, a clear skin, a gradual diminishing headache, a better feeling in loins and legs.

All these improvements continued until at the end of three months he weighed 112 pounds and says he feels well, something never experienced since the close of the war. I regard the cure of this to the Hydriodic Acid, as its tonic alterative properties, upon the sympathetic system have been so frequently demonstrated in my own practicc. Whenever the glandular organs were at fault or defective nutrition caused degeneration of the vasomotor centcrs as in exopthalmic goiter, chronic tabes, mesentericus, etc. I prefer Gardner's preparation to any I have used, as being less liable to producc irritation of the stomach or cause headache as a great many other preparations do.

Thirst Folowing Abdominal Section.

Thirst usually follows the loss of water from the body, whether it be from diarrhœa, hemorrhage, perspiration or other causes. The cause of thirst following abdominal sections is more of theoretical than of practical interest. and Dr. Eugene Boise, in the American Journal of Obstetrics, endeavors to throw some light on the subject.

The sensation of thirst is in the back part of the throat, but the thorough quenching of thirst is only obtained by the ingestion of water. although both injection of water into the bowels and immersion of the body in water will lessen thirst. In order to account for thirst after abdominal operations, Dr. Boise says:

1. Thirst is a sensation indicating that the tissues of the system need more water.

2. The sensation felt in the throat is reflex.

3. The origin of the sensation is believed by leading physiologists to lie in the sympathetic system of nerves, because (*a*) no cerebro-spinal nerves can be found which convey the sensation to the consciousness, and (*b*) nutrition is presided over by the sympathetic system, and thirst is a disturdance of nutrition.

4. (Hypothetical, or at least not proven.) The origin of the sensation is probably from the abdominal organs, because (*a*) these are so rich in sympathetic fibres, and (*b*) introduction of water into the stomach so instantaneously allays thirst.

5. The sensation invariably follows the withdrawal of any considerable amount of fluid from the body, and withdrawal of such fluid causes proportionate collapse of veins and capillaries.

6. Capillaries tend to remain at normal tension, and, when suddenly collapsed in any degree, attempt to regain that tension by taking water from the surrounding tissues.

7. Irritation of sympathetic nerves causes contraction of the arterioles supplied by such nerves.

8. Sudden contraction of the arterioles supplying any organ is followed by lessened tension in the capillaries and small veins of that organ.

9. Abdominal section invariably causes direct and reflex irritation of the abdominal sympathetic nerves.

10. Such trritation causes contraction (in some degree) of the arterioles of the abdominal viscera, with consequent lessened tension in their capillaries and campensatory withdrawal of water from their tissues. And is it not probable that such circulatory disturbances give rise to the sensation of thirst?

Dr. Ross' Introductory to His Lecture on the Female Pelvis.

A pelvis, I now show to you,
I beg that you will take a view
Of all its parts—now simply bones ;
Yet once awakening sobbing moans
And salty tears and vain regrets ;
Alas ! the Reaper ne'er forgets !
Who knows the object of his search
When swooping down his lofty perch
He stealeth thro the ranks of men ?
His gruesome work he ceases when,
And only when some shining mark
Has yielded up life's fitful spark.
Can'st tell, ye learned, as I stand
And hold these fragile bones in hand.
What spirit lent them life and grace
As lightly they did run their race ?
Can'st conjure up in fancy's frame
The picture of some beauteous dame,
Whose name did thrill the hearts of men
And filled with fire a poet's pen ?
Can'st follow o'er the mountain crag
In hot pursuit the fleet-foot stag
Diana fair ! the huntsman famed ?
Perchance 'twas she these bones were named.
What matter tho the name they bore
If o'er them each of us shall pour
In lavish measure studious thought,
And treasure what is by them taught.
We'll learn how nature, wondrous wise,
Did for her works such laws devise,
That scarce a mother's brot to bed
Fails bear her child, advancing head.
We'll feel that failing, as she must
Sometimes, she surely us can trust
To recognize where she is weak ;
Be prompt a remedy to seek.
Why should we not ? We've studied all
These complex bones, both great and small.
We know their planes—the Carus Curve—
The purposes they each do serve ;
The entrance to the upper strait,
The exit at the lower gate,

The perineum's fearful fate,
When ignorance does stand and wait.
Then, gentlemen, I beg you each
Give heed and listen as I teach.

The Pelvis! the half-way station between thinking head and obedient feet; the support of the body; the pivot on which alone grace of locomotion is made a possibility; the seat on which weariness finds rest; the home of the emunctories of comfort; the incubating nest of the whole human family; the mysterious background of pleasures uncertainties. Divested of the graceful curves and rounded proportions which lend such symmetry to the perfect female figure, there is left this uncanny quadrant of dry bones only. It is the alphabet of obstetrics. A knowledge of it is the foundation of on which obstetric capacity rests. We must know these bones in their individuality; we must know them in their neighborly relations.

University College of Medicine, Richmond, Va.—*Ex.*

The Treatment of the Rupture of the Uterus.

Merz (Archiv. fur Gynakology) describes two cases of rupture of the uterus which come under his observation, and tabulates all the hitherto published cases, giving an analytical review of them. In fifty-four cases celiotomy was performed with 48.1 per cent. recovery. He arrives at the following conclusions:

1. If only the trunk and extremities of the fetus have escaped into the abdominal cavity, and the head lies over the pelvis, the woman should be delivered *per vias uaturales*, either with the forceps or by perforation and craniotractor.

2. If the head of the fetus or the whole body has escaped into the abdominal cavity, version and extraction, as frequently advised, should not be attempted, but celiotomy should be done at once, and the fetus delivered through the abdominal incision.

3. In the latter case the rupture should be carefully sutured.

4. If the woman has been delivered *per vias naturales* and the conditions are very favorable, celiotomy and suture of the rupture should follow the birth immediately.

5. If the conditions are not favorable, then drainage with iodoform gauze without irrigation should be employed.

6. If the uterus is markedly degenerated, or if septic endometritis has developed, a Porro operation should be done.—*University Med. Magazine.*

Magnesium phosphate, two grains every hour, has been successful in relieving obstinate hemicrania.

Quinalgen==Dr. Vis.

Manufactured by DAHL & CO., Barmen, Germany.

A new remedy for Rheumatism, Neuralgia, Sciatica, Asthma, Hay Fever, and applicable in all cases where pain of a neuralgic character is a prominent factor.

Quinalgen belongs to that exceedingly interesting group of remedies which chemical science has evolved in recent years from Coal products. It is a derivative of the Quinoline group and is therefore an anologue of Phenacetine and Antifebrine, but has marked and highly important advantages of them, they being derived from the Benzine group. All derivatives of the Benzine ring have decidedly depressing effects upon the heart's action and the nerve centres.

Quinalgen is almost entirely free from these disadvantages, while its physiological effects are similar to those of Quinoline, to which group it belongs. Its therapeutic action is therefore restorative and tonic to the nervous system instead of depressing and exhausting.

Quinalgen was discovered and brought to the notice of the profession by Dr. Vis, of Germany, three years ago. It was first tried for fever, neuralgia, etc., in the University of Freiburg by Dr. Baumler. Subsequently Dr. Goliner of Erfurt, Dr. Treupel of Breslau, and many other distinguished German practitioners gave it extensive trial and the consensus of their opinion is that Quinalgen marks a decided advance in the therapeutic agents that are available in the treatment of fever, headache, neuralgia, the pain of rheumatism, sciatica, etc.

S. A. RICKARD, of Saratoga Springs, N. Y., is the Sole Agent for the U. S. and will be glad to send literature with full directions for use, to any physician on application. Price $1.00 per oz. Give it a trial.

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A New and Valuable Tonic Stimulant.

Each fluid ounce represents 120 grains of Kola (Sterculia Acuminata) whose agreeable odor and characteristic taste (without its acrid bitterness) are imparted to it in a marked degree.

KOLA owes its therapeutic value to Caffeine, Theobromine, and a principle peculiar to itself, called Kolanine. Its stimulating and sustaining effects on the nervous system are more prompt, powerful and of longer duration than that of Caffeine alone. It is also superior to Coca as a cerebro spinal stimulant, with none of the objections which so frequently follow the continued use of the latter, hence this Cordial is recommended to those whose work subjects them to excessive mental or physical exhaustion.

Heretofore all preparations of KOLA have been more or less objectionable on account of their unpalatability, owing to a peculiar bitter, acrid principle which it possesses. This Cordial combines all the valuable constituents of Kola, without any of its objectionable features, and is most delicious to the taste, and efficient in action.

Samples and literature will be mailed on inquiry, and we will forward an original full-sized package to such physicians as are willing to assume the express charges.

We have in press an **Exhaustive Treatise on Kola**; its History and Therapeutic Range, which will soon be ready for distribution.

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Doctor! YOU question WHY this precaution? WE answer: BECAUSE YOU have the highest and best right to insist that no worthless SUBSTITUTE be imposed upon YOU or YOUR defenseless patient.

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A NEW LIQUID PREPARATION.

EACH FLUID OUNCE CONTAINS

ERYTHROXYLON COCA, - - 30 GRAINS.

Owing to the great diastasic strength of Maltine, there will be found in a dose of "Maltine with Coca Wine" (notwithstanding that it contains only 40% of Maltine), diastase enough to convert more starch than can be converted by a dose of any unattenuated extract of malt now made, whether dry or semi-liquid. It should be borne in mind that the employment of wheat and oats, in addition to malted barley in its preparation, has raised Maltine far above the level of a mere extract of malt, and has placed it, in the almost unanimous estimation of the medical profession, in the front rank of food products as well as digestive agents.

We will send to any physician, who will pay expressage, an eight-ounce bottle of "Maltine with Coca Wine" and an eight-ounce bottle of any other preparation selected from our list.

THE MALTINE MANUFACTURING CO.,
168 Duane Street, New York City.

Please mention this Journal.

New Means of Local Anæsthesia.

One Dr. K. L. Schleich, of Austria, claims to have discovered that absolute immunity from pain, even during protracted operations, may be obtained by subcutaneous injection of a sugar or salt solution, or of merely cold distilled water; that the results induced are to all intents and purposes identical with those obtained by like employment of cocaine. He adds:

The patient may remain perfectly conscious during the amputation of hand and foot without undergoing the tortures so often inflicted upon the battle-field, or the exceptional dangers of syncope ever present in the operating-room when general narcosis is resorted to.

It is declared that this discovery has already borne the test of several experiments and is about to be applied in the hospitals of Vienna. The explanation of the phenomenon is:

Local insensibility to pain is induced in the case of cocaine by purely chemical changes, while cold water or solutions of sugar and salt act mechanically through high pressure and low temperature. Under the influence of high pressure and sudden low temperature the blood and lymph are driven from the places operated upon, to where the pressure is less. The tissues are thus deprived of their supply of blood, and temporary paralysis of nerves results.

The foregoing seems to have met with favor in numerous quarters, and in one instance at least a surgeon of authority affirms that "its importance is all the more undoubted, seeing that if in a given case cold water alone should fail to produce the needful degree of insensibility, a weak and absolutely harmless solution of cocaine would prove certainly efficacious."

Whether true or false, it is hardly probable that surgeons will give up the use of cocaine, which is deemed certain, in favor of a method which will always be apt to carry with it a feeling of indefiniteness.—*Medical Age.*

Fruit Eating to Cure All Ills.

A new soeiety of cranks has been started by a former lieutenant in the German army. His name is Boeter. He is the leader of a new "ism," and as such sailed recently from San Francisco to Honolulu. The "Fruitarians" is the name of the new society he represents, and their belief—or rather, notion—is that modern civilization is full of vanities and strange notions, and greatly needs reforming. The members eat nothing but ripe fruit, eschew cooked foods of any kind, and drink only water. They are to live in huts, bare of the comforts of civilization, and go naked. Ex-Lieutenant Boeter intends to buy a large tract of land in the Sandwich Islands, or, perhaps a small island outright, for the purpose of founding a colony.—*Ex.*

Tartarlithine.

I cannot as yet give you a complete report on the use of Tartarlithine, as a remedy in the treatment of gout, for the reason that it takes some time to gather in the results. I will say that so far as it has been tried the verdict is unanimous in its favor. I have used it in the treatment of about a dozen cases of my own with results that are little less than wonderful. The characteristic feature of its action is the rapidity and promptness with which patients improve under its use. An improvement is noticeable within 24 hours. One of the most striking cases which came into my hands was a physician showing marked gouty manifestations in the mouth, along with an atonic condition of the gastro-intestinal tract, absolute inability to digest starchy or saccharine foods, muscular rheumatism, frequent bilious headaches, tegumentary eruptions on various parts of the body, a palmar gouty eczema, extending to and including the balls of the thumbs and between the fingers. I prescribed the Tartarlithine, 20 grains per day, the copious use of water as a beverage, the avoidance of nitrogenous food, hot baths, and moderate exercise, and in one week there was absolute disappearance of all of the uric acid manifestations. The habitual and general nervous irritability were all gone, and he stated that he had done the best week's work which he had accomplished for years.

I have had similar reports from numbers of other cases. I presented the subject before the Philadelphia County Medical Society, and while there was but little discussion, it seemed to awaken a general interest. A number of physicians in Philadelphia are testing the preparation, and as soon as I can hear from them I will let you know.

The 5 gr. Tablets are recommended. Tartarlithine Tablets, vials, containing 100 Tablets, 5 grs. each. Tartarlithine Powder, vials, containing one ounce.

WASHINGTON, D. C., September 11th, 1894.

Gentlemen:

I desire to thank you for samples of the drug, often but poorly imitated, made by your firm and known as "Antikamnia,"

The adoption of the monogram on the new tablets and the recall of all the old stock from the market, will prove of benefit to you and the many physicians who may hereafter desire to afford relief by its use.

Yours respectfully,

C. E. POSTLEY, M. D.,
1429 11th Street, N. W.

TO THE ANTIKAMNIA CHEMICAL CO., St. Louis, Mo.

I will unhesitatingly say that I consider Peacock's Bromides much superior to the ordiuary bromides, and the Chionia I believe to be an extremely successful preparation or a very valuable therapeutic agent. I have used both with excellent success.

JOHN J. SHAW, M. D., Plymouth, Mass.

The Effect of the Toxines of Erysipelas and Bacillus Prodigiosus on Inoperable Malignant Tumors,

In 1892, Dr. Coley, of New York, published a paper on the treatment of malignant tumors by repeated inoculation of erysipelas. Although measurably successful the method has been changed to the use of the toxines of the streptococcus of erysipelas and *bacillus prodigiosus*, obtained from pure cultures of these bacteria. In the July number of The American Journal of Medical Sciences, Dr. Coley has given the results of his investigation with these toxines and the methods used in their preparation. He summerizes his results as follows:

1. The curative action of erysipelas upon malignant tumors is an established fact.

2. This action is much more powerful in sarcoma than carcinoma.

3. This action is chiefly due to the toxines of the erysipelas streptococcus, which may be isolated and used with safety.

4. This action is greatly increased by the addition of the toxines of *bacillus prodigiosus.*

5. The toxines to be of value should come from virulent cultures and and should be freshly prepared.

6. The results obtained from the use of toxines without danger are so nearly equal to those obtained from an attack of erysipelas that inoculation should be rarely resorted to.—*M. and S. Reporter.*

Vaginal Secretions in Pregnancy.

Konig (Amər. Jour. Obstet.) states that he has found in the lochia the streptococcus most frequently, and but seldom the staphylococcus aurens, and never the staphylococcus albus. After considering minutely the reaction of the vaginal secretion, which in 300 pregnant women he found to be distinctly acid, he concludes that in pathological conditions the secretions attain a much higher degree of acidity, so that the streptococcus pyogenes can hardly thrive therein; at least he was unable to obtain cultures of this germ. He further concludes that the vaginal secretion of every untouched pregnant woman contains nothing pathogenic, the thrush or gonococcus germ excepted. Both are bacteria which upon the usual media of culture are aerobic at the body temperature. The vagina of every untouched pregnant patient is therefore asceptic. Vaginal injections of antiseptics are dangerous in the ordinary patient, as they may chemically lessen the resistance of the tissues to bacteria, and increase the intensity of septic endometritis by washing bacteria into the uterine cavity.—*Medical Standard.*

The Ohio Pure Food Law and "Vin Mariani."

Complete Vindication of this Famous Tonic.

Professor C. T. P. Fennel, of Cincinnati, Chemist for the Ohio Food and Dairy Commission, and who made the analysis of "Vin Mariani" on which Mr. John Keeshan, a well-known druggist of Cincinnati was arrested on the charge of violating the Ohio Pure Food Law in the sale of "Vin Mariani," the claim being made by Professor Fennel that said preparation was not up to the standard within the meaning of the law, has now acknowledged that he has made a mistake in establishing what the standard is, and acknowledges to the Counsel of Mariani & Company that he had not, at the time of making his analysis, examined the latest edition of the United States Dispensatory, and that "*Vin Mariani*" *is clearly and completely up to standard* as established therein. The case against Mr. Keeshan for the sale of "Vin Mariani" is thereby disposed of, and Professor Fennel has also authorized the public announcement through the press of the fact that the sale of "Vin Mariani" in the State of Ohio is perfectly lawful, and such sale cannot be interfered with under the laws.

This clearly and completely vindicates the absolute purity of "Vin Mariani," and gives it this extremely rigorous additional official endorsement of its standard quality and purity, and this endorsement is only a reiteration of the uniform endorsement this world-famed tonic has received during the past thirty years at the hands of leading Medical Societies, Academies of Medicine, Hospitals, Clinics, Professors and leading practitioners throughout this country and Europe.

To fully understand the importance of the outcome of this investigation, we need only cite an extract from the Ohio Pure Food Law, to show how rigorous and exacting are the nature of its provisions, and that "Vin Mariani" fully complies with such provisions is an emphatic endorsement of its most valuable properties.

The section bearing on the case is as follows:

SECTION 1. That no person shall, within this State, manufacture for sale, offer for sale, or sell any drug or article of food which is adulterated. within the meaning of this act.

SECTION 3. An article shall be deemed to be adulterated within the meaning of this act:

(1) If, when sold under or by a name recognized in the United States Pharmacopœia, it differs from the standard of strength, quality, or purity laid down therein; (2) If, when sold under or by a name not recognized in the United States Pharmacopœia, but which is found in some other pharmacopœia, or other standard work on materia medica, it differs materially from the standard of strength, quality, or purity laid down in such work; (3) If its strength, quality, or purity falls below the professed standard under which it is sold.

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One ounce of this new Remedy is, for its Bactericide Power, equivalent to two ounces of Charles Marchand's Peroxide of Hydrogen (medicinal), which obtained the Highest Award at the World's Fair of Chicago, 1893, for

Stability, Strength, Purity and Excellency.

CURES DISEASES CAUSED BY GERMS:

DIPHTHERIA, SORE THROAT, CATARRH, HAY FEVER, LA GRIPPE,—OPEN SORES: ABSCESSES, CARBUNCLES, ULCERS,—INFECTIOUS DISEASES OF THE GENITO-URINARY ORGANS,—INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY TRACT: TYPHOID FEVER, TYPHUS, CHOLERA, YELLOW FEVER,—WOMEN'S WEAKNESSES: WHITES, LEUCORRHŒA,—SKIN DISEASES: ECZEMA, ACNE, ETC.

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This harmless remedy prevents fermentation of food in the stomach and it cures:

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AVOID IMITATIONS.

Hydrozone is put up only in small, medium and large size bottles, bearing a red label, white letters, gold and blue border, with signature.

Charles Marchand's Peroxide of Hydrogen (medicinal) is put up only in 4-oz., 8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold border, with signature.

Glycozone is sold only in 4-oz., 8-oz., and 16-oz. bottles, bearing a yellow label, white and black letters, red and blue border, with signature.

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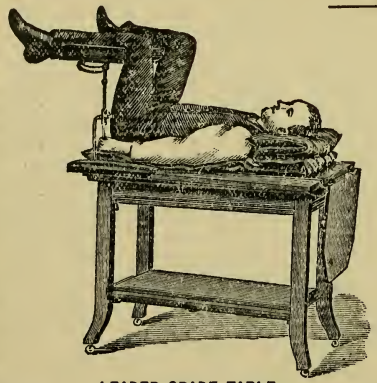

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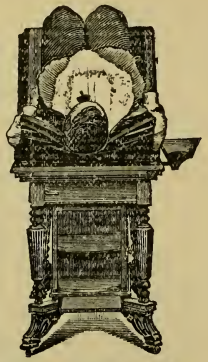

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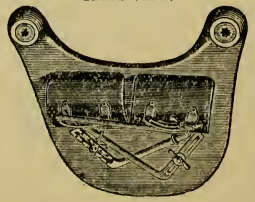

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The Medicinal Plants of Commercial Value of North Carolina.

American Phar. Association Proceedings.

By William Simpson, Raleigh, N. C.

North Carolina, from its position in the Union, being about midway between the north and south Atlantic States, is blessed with a climate that partakes of the extremes of neither, and presents the only instance where the influence of latitude is compensated for by that of longitude. Beginning at its eastern boundary, where its shores are washed by the tempered waters of the gulf stream, we have the palmetto, the live oak, and the sugar cane, and proceeding westward we attain an altitude of 6,700 feet, the highest point east of the Rocky mountains, where we find the fur, the hemlock, the balsam, and the white pine, thus representing all the varieties of soil and climate from Florida to Canada. Indeed, it may possibly be a surprise to many of you to know that were North Carolina wheeled about so as to occupy a position directly north and south it would extend across the States of Virginia, Pennsylvania and New York, and over lake Ontario into Canada. The gradual increase in elevation from east to west secures to the State a variety of climatic influence that would be gained by twenty degrees of latitude.

North Carolina has been a favorite field with the most distinguished botanists. From Bartram, who made his tour in 1776, the elder and younger Michaux, from 1787 to 1802, down to the later botanical explorers, Dr. De Schweinitz, Nuttall, Dr. Gray, Mr. Cary who explored the higher ranges of our mountains in 1841, and our own Dr. Curtis—all agree that nowhere on the American continent are trees to be found of such beauty, value and variety as in North Carolina. Many of the trees and shrubs now familiar to European ornamental and economic uses were introduced from this State; among them are the locust (robinia hispida), the rhododendron in its various forms, the ivy (kalmia latifolia), and many others confirming what Dr. Curtis has said, that "in all the elements which render forest scenery attractive no portion of the United States presents them in happier combination, in greater perfection, or in larger extent than do the mountains of North Carolina;" and he might have said the same of the State at large, for no portion of it is deficient either in the number or variety of its species, or in the size and value of its trees.

In order to realize the extent to which this richness of forest development is concentrated within the area of this State it is only necessary to call attention to the distribution of a few kinds which are dominant and characteristic. Of species found in the United States east of the Rocky mountains there are oaks 22, and 19 in North Carolina; pines 8, and 8 in North Carolina; spruces 5, and 4 in North Carolina; elms 5, and 3 in North Carolina; maples 5, and all in North Carolina; walnuts 2, and both

in North Carolina; hickories 8, and 6 in North Carolina; magnolias 7, and 7 in North Carolina. As to the first and most important group of the list, attention is called to the fact that there are more species of oak in North Carolina than in all the States north of us, and only one less than in all the Southern States east of the Mississippi.

Perhaps it would not be amiss here to state that North Carolina enjoys the peculiar distinction of being the only State in the Union that fills completely every blank in the returns as sent out by the department of agriculture at Washington.

Of the 182 official galenical drugs of the U. S. Pharmacopœia 94 are of foreign growth, and of the remainder, indigenous to the United States, all but one are found in North Carolina.

Glancing over a price-list of one of the largest of our fluid-extract manufacturers, comprising 328 varieties of drugs, foreign and domestic, I find that of the latter more than 90 per cent. are indigenous to North Carolina.

I think that I am within the bounds of truth when I say that the firm doing the largest business as herbalists in the world is in North Carolina. The amount of business done by them may be illustrated by the following extract taken from their order-book, covering one month's sales: 50,000 pounds mandrake, 5,000 pounds black cohosh, 12,000 pounds wild cherry bark, 8,000 pounds red clover blossoms, 12,000 pounds pennyroyal, 9,000 pounds catnip, 8,000 pounds stramonium leaves, 8,000 pounds witch-hazel, 8,000 pounds yellow dock, 6.500 pounds stillingia, 8,000 pounds unicorn root, etc. They have taken a single order from one firm for as much as half a million pounds of drugs. There are other smaller concerns in the State doing a less amount of business, confined to about one hundred varieties. Altogether the shipment of indigenous drugs runs up into millions of pounds annually.

I take the liberty of adding the following extract from a letter of Prof. McCarthy's, which may possibly interest some member of the association, viz.: "If any of your confreres should read a practical paper on drug farming as distinguished from mere gathering of wild spontaneous growth, I believe Director Battle, of the botanical division of the North Carolina Agricultural Experiment Station, would agree to try the most promising plants as experimental crops and publish the results."

Fatal Ivy Poisoning.

Five school boys (N. Y. Med. Rec.) died during the past week at Tarrytown, N. Y., the result of eating the root of rhus toxicodendron. The symptoms of the poisoning were stupor, dilatation of pupils, nausea, thirst, feeble and irregular pulse, tremors, convulsions, and finally collapse. We are not aware of any similar cases resulting in death.

Bismuth Subgallate or Digestive Ferments.

The present *furore* in favor of bismuth subgallate is likely to prove its worst enemy because its general use in all forms of indigestion will eventually create a reaction against it, causing it to fall into disuse. That the remedy is a useful one in certain forms of functional dyspepsia cannot be denied, but to be successful clinically the diet must be properly regulated, and with this proper precaution—although the writer has used the subgallate quite extensively during the past three months—the results have been but little, if any, more satisfactory than he has experienced with the same dose of bismuth subcarbonate.

Unfortunately, the profession has gotten into the habit of prescribing bismuth in the form of subnitrate instead of the subcarbonate, and the favorable results following the employment of the latter are not appreciable when the former is given. The reason for this is obvious, since the subcarbonate is an amorphous powder, while the subnitrate is a crystalline substance, and no matter what may be the amount of the dose it always enacts the *role* of an irritant. But even with the administration of subcarbonate, and the rule is equally applicable in the case of subgallate, one or the other of the digestive ferments should be added. In all cases the addition of either pepsin or pancreatin, or the simultaneons exhibition of malt extract, will materially enhance the bismuth effects, and we therefore submit this proposition to the profession in the firm belief that it will prevent much disappointment on the part of ghysicians and patients:

That bismuth preparations act as disinfectants in the alimentary canal is freely admitted, but that they stimulate or measurably improve tne digestive function proper there is room for serious doubt, and it would be well, therefore, in estimating the therapeutics of the remedy to take into consideratlon the physical demands of the patient. With our superior pepsin preparations and the elegant pancreatic extracts now at our command, it seems the part of wisdom to consider the ultimate effects of indiscriminately prescribing the popular remedy of the day.

To give the present article a practical turn, the following formulæ are suggested as a marked improvement over the use of bismuth alone in the treatment of dyspepsia and indigestion:

℞ Ext. nucis vomicæ..... gr, ¼
Pepsin pur,..... gr, 1
Bismuthi subcarbonas, vel bismuthi subgallas gr. iv

ℳ Et fiat Tab. vel Chart. No. 1.

Sig.—Take one tablet or powder before and after eating.

℞ Ext. nucis vomicæ ..... gr. ¼
Ext. pancreatini..... gr. iss
Bismuthi subcarbonas, vel bismuthi subgallas.. gt. iijss

ℳ Et fiat Tab. vel Chart. No, 1.

Sig.—Take one tablet or powder before, and one two hours after meals.

The first of these formulæ will be found available when the fault lies

with the stomach, the second when intestinal digestion is deficient. In the former case the diet should be regulated with a view to lessen the work demanded of the stomach ; in the latter the starchy food-stuffs and fats must be diminished, the diet being principally of a nitrogenous character.—*The American Therapist.*

Removal of Spinal Cord Fluid.

In hydrocephalus and allied troubles relief may be obtained by puncturing with a hollow needle the lumbar subarachnoidal space below the end of the spinal cord and allowing a part of the fluid to run off.

Dr. William Brownell describes in the Journal of Nervous and Medical Diseases cases treated in this way with his method, and while success does not follow, his conclusions are worthy of record.

1. The method is simple, easily practiced, and rather attractive.

2. In itself it is usually without danger.

3. By it we certainly can draw off cerebro-spinal fluid.

4. The quantity in an adult at short sittings has been from 1 to 1½ ounces.

3. This, without doubt, represents the amount of free fluid usually present in the lower vertebral canal, even when occluded above.

6. In internal hydrocephalus, the relief, if any, is but temporary. In the common form due to tubercular meningltis, the result is not worth the troble, while in the closed or sacculated forms it must rather do harm than good.

7. As a diagnostic means, *e. g.*, in suspected meningeal hemorrhage, it is valuable. And as an index of pressure it may also be worth noting.

8. It is worth further trial :—(*a*) as a passing relief in brain tumors not contemplated with hydrocephalus ; (*b*) as a substitute for trephining in progressive dementia ; (*c*) in certain spinal iroubles ; (*d*) and possibly as a means of applying medication directly to the spinal meninges.

9. In conclusion it may be said that while admissible in all brain-pressure, there is nevertheless as yet no established indication for this pro cedure, except for diagnostic purposes.

In reference to Pineoline (Walker) I wish to say, I have found it so efficacious in Eczema that I cannot do without it. A case of twenty years' standing has yielded to its influence and has not appeared on the parts affected for nearly four months. I now have another bad case in a child whose family have suffered through four generations. It is a typical case, and has baffled the skill of the best physicians.

Yours truly, W. H. Veatch, M. D.

Carthage, Ills., Aug. 19th, 1894.

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FOR BOTH INTERNAL AND EXTERNAL USE.

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FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.
DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,
INDISPENSABLE FOR THE DENTAL TOILET.

DISEASES OF THE URIC ACID DIATHESIS.

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RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.
DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-lithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

REALIZING that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have had prepared for the convenience of physicians

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE AND LAMBERT'S LITHIATED HYDRANGEA.

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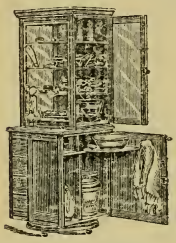

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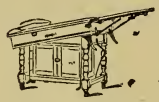

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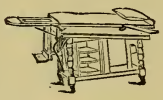

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Cured by the Use of **XTIRPATOR,**

The Great Cure for ORGANIC STRICTURE without dilation, caustic, cutting or the cautery. Among many from M. D.'s on file in our office we give the following extracts: * * * Stricture of seven years' standing cured. Now, after a space of two years, no sign of return. Remarkable cure. * * * * * Did its work admirably. Removed the stricture without any inconvenience to patient. * * *

* * * It is all that it is represented to be. Specimens of stricture from different patients that I have removed can be seen at my office. * * *

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822 Pine Street, Saint Louis, Mo.

Treatment of Diphtheria by Antitoxin.

At a meeting of the Berlin Medical Society, held June 27, 1894, Dr. Katz made a communication in reference to the treatment of diphtheria by antitoxin. He began by alluding to the mortality statistics of the Kaiser und Kaiserin Friedrick Children's Hospital for several preceding years. From August, 1899, to the end of 1893, there were admitted 1081 children suffering from diphtheria. Of this number 421 died, making a mortality of 38.9 per cent. In 1890 the deaths equalled 50.4 per cent.; in 1891 they amounted to 32.5 per cent.; in 1892 to 35.4 per cent.; and in 1893 to 41.7 per cent. From March 14th of the present year, the antitoxin of Dr. Aronson was, whenever possible, employed in all cases. There were 23 cases in which it could not be used, and of this number 8 had a fatal termination, In some instances treatment could not be carried out on account of a lack of antitoxin, and in others injections were not resorted to for the reason that the patients were in a hopeless condition upon admittance. The antitoxin was thrown into the back between the scapulæ. In the beginning small doses, from 3 to 5 cubic centimetres (15 to 75 minims) were employed, but subsequently the amounts were increased. Most of the severe cases received, on the day of admittance, 20 cubic centimetres (5 drachms) at once, and upon the following day, if no improvement had occurred, the same or a somewhat smaller dose was given, the less serious receiving 5 to 7½ or 10 cubic centimetres (75 to 113 minims or 2½ drachms). No alteration was made in the other methods of treatment as customarily used in the house.

From the 14th of March to the 20th of June 128 children were treated by means of antitoxin. There were 17 deaths, a per centage of 13.2. In the comparative statistics the 23 cases not injected were included, making 151 cases with a mortality of 16.5 per cent., compared with 37 per cent. for the same months of the preceding year. The cases were divided into 4 groups, viz., light, moderately severe, very severe, and septic. The diagnosis was in every instance assured by the recognition of Lœffler's bacillus. There were 47 light cases, all of which recovered; 35 moderately severe, of which 1 died; 42 very severe, 11 of which proved fatal; and 4 septic, all of which perished.

No deleterious action of the remedy was perceived as regards the kidneys, heart, or other organs. In 9 cases eruptions were observed, some of which resembled the rush of scarlet fever, and others that of measles. They generally first developed in the region of the knees or at the site of injection, gave rise to no itching, pain, or fever, and were not followed by desquamation. In 4 cases bacteria were found irrespective of the site of injection.

The condition of the throat was not especially influenced and sometimes healed very slowly. In most cases there was a sudden fall of the

temperature after an injection. In 2 cases the temperature rapidly rose, but declined as rapidly to the normal. The temperature was unaffected in some cases. The remedy was not observed to exert any marked stimulant or excitant effect. Some cases, indeed, in which the general condition was very bad, exhibited decided improvement on the day after the injection. When serious heart symptoms were present, as galloping rhythm, extreme irregularity of action, etc., no change was observed to be produced by the remedy.

As sequelæ paralysis of the soft palate occurred in 4 cases, loss of the patellar reflex in 4 cases, paralysis of accommodation in 1, paralysis of the abducens muscle in 1, and enfeeblement of the respiratory muscles in 1 case. These manifestations disappeared quite slowly.

No peculiarity was perceived as regards the mode of death. The patients perished, as formerly, of descending croup, cardiac failure, and pneumonia.

Dr. Katz is of the opinion that in a large number of cases, notwithstanding the severity of the throat lesions, the course of the disease has been unusually favorable. The epidemic of the spring was, for the most part, mild. Nevertheless, 47 very grave and 4 septic cases were received, and of these 37 recovered—a very considerable proportion.

Tracheotomy was performed in 17 and intubation in 5 cases. Of the tracheotomy cases 12 succumbed, while all of those intubated recovered. There were, in other words, 22 cases which required operation on account of laryngeal stenosis, and 10 of these were cured—a percentage of 45.4. Seven of the patients upon whom tracheotomy was done were among the 23 who had not been injected. Death took place in all of these cases. Altogether, therefore, 34.3 per cent. of recoveries occurred among the subjects of tracheotomy and intubation, against 24.3 of the year 1892, and 21.8 of 1893. In all the cases of tracheotomy and intubation the operation was performed very soon after admittance. An extension of the disease from the pharynx to the larynx was in no instance observed while the treatment by injections was in progress.

A number of brothers and sisters of the children suffering from diphtheria were inoculated with Aronson's immunizing fluid. Eight of these contracted the disease, but it entailed no serious consequences. The dose of the immunizing fluid was also in the course of time increased. In addition, a large number of brothers and sisters who had not been "immunized" were attacked by the early symptoms, and were seen daily at the polyclinic. None of these children died.

The speaker concluded by acknowledging that the number of cases is still too small to permit a definite judgment as to the value of the remedy. On the contrary, we should not be too skeptical. Statistics as favorable as those obtained during the use of the injections in the Kaiser und Kaiserin Friedrich Children's Hospital do not exist. As Dr. Katz

had never seen any ill effects produced by the remedy, and as many unpromising cases pursued an unusually favorable course, he is convinced that this method of treatment merits more extended trial.

These results apply only to the concentrated Antitoxin Solution—Schering, prepared in the bacteriological department of the Chemische Fabrik E. Schering, in Berlin, under the surpervision of Hans Aronson, M. D.

Ergot for the Night Sweats of Phthisis,

Goldendach thinks that the night sweats of consumptives are not simply due to fever, and that their real eause has not yet been fully explained. Many remedies have been recommended for them—quinine, acetate of lead. atropine, hyosciu, brandy, rubbing the body before sleep, or using a powder composed of starch, talc, and salicylic acid. Most of these Goldendach has tried and found wanting. On considering the part probably played by the vasomotor nerves, he determined to try the effect of ergot against night sweats, and in most cases found the result very satisfactory. He usually gives one or two 5-grain doses of powdered ergot before bed time, and the cases are few in which this remedy is found quite useless. He has, moreover, never seen any harm result.—*British Med. Journal.*

Solid Facts,

I have two patients taking Phytoline (Walker) and they are being reduced from ten to twenty pounds monthly. They are mnch pleased with the results. One weighed 240 and the other 500 pounds. The latter now tips the beam at 250. This patient had fatty degeneration of the heart prior to taking Phytoline, was expected to die daily from heart failure. She had an attack of Syncope every few hours; would become unconscious for an hour at a time, extremities cold, skin covered with clammy sweat. After the first dose of Phytoline she had no more attacks. She has lost 50 pounds; is stronger, cheerful and goes anywhere, and can do considerable house-work, whereas before this, she was perfectly helpless, a burden to her family and not expected to live from one day to another. These are solid facts and can be fully substantiated.

Kearneysville, W. Va. D. W. Border, M. D.

Texas Not a State for a Young Doctor.

A correspondent writes that he left left New York to verify the well-advertised chances for the young medical man in Texas; but after traveling throughout the entire State he found every place more than full, with not a few waiting for chances to earn money enough to get home. He says there is even a better chance in New York.—*N. Y. Medical Record*

Boracic Acid in Constipation.

Excellent results may be obtained in many eases of constipation by the application of powdered boracic acid to the rectal mucous membrane. The writer's mode of application is as follows:

The ordinary rectal speculum having been introduced, half a drachm of powdered boracic acid, either pure or mixed with an equal quantity of starch, is introduced by means of a small spatula; a soft mass of cotton is then grasped by a pair of dressing forceps and used as a plunger to carry the boracic acid into the bowel. Applications of this sort will often secure an evacuation of the howels in the course of an hour or two. The best time for the application is before breakfast. The applications are also useful made in the afternoon or evening, especially in very chronic cases. Cases in which this method is found most useful are those in which constipation is due to loss of sensibility in the nerves of the rectum, in consequence of impairment of the normal reflexes by which nature calls for an evacuation of the bowels.

This remedy will be found very valuable in cases of leucorrhœa of the rectum. In cases in which irritability exists, the boracic acid must be mixed with twice the quantity of powdered starch, or an equal quantity of subcarbonate of bismuth.—*Mod. Medicine.*

A new invention called the thermogen is now being tried in several of the English hospitals with marked success. The object is to sustain the heat at a uniform temperature when artificial means are required, and of course its use would be limited to hospitals or institutions where the necessary facilities are easily obtainable. The thermogen consists of a light quilt containing a coil of wire bent in the form of a gridiron, inclosed in insulating and non-conducting material, and imbedded in cotton, wool, or other soft substance, with a silk or woolen covering. The heat is produced by the resistance of the coil to the flow through it of the electric current. A uniform temperature of about 150° can be maintained for any length of time, the heat being prevented from going above that by the melting of a fuse which instantly shuts off the current. In those houses lighted by electricity the quilt can be connected with the ordinary incandescent terminals, but the principal use of the quilt would be confined mostly to hospitals, during lengthened operations, or in those attended with hemorrhage.—*Ed. N. Y. Med. Times.*

We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a widespread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

Thyroidine,

(HAMMOND.)

Thyroidine is the extract of the THYROID GLAND of the OX, and is prepared according to DR. WM. A. HAMMOND'S formula by maceration of the fresh organs for over a year in an antiseptic mixture of glycerine, solution of boric acid and alcohol.

This preparation possesses all the Physiological and Therapeutical properties of the fresh glands, as ascertained by MACKENZIE and others, and is preferable inasmuch as it does not deteriorate with the lapse of time.

It is of positive therapeutic value in **Myxœdema Exophthalmic Goitre** and **Eczema** and probably in other diseases attended with a depraved condition of the system.

The dose is five minims, two or three times a day.

Its action should be carefully watched, as some persons are exceedingly sensitive to its effects, though it is confidently believed from a large experience that the dose advised will never, in adults, produce alarming symptoms, though they are almost always decided in character.

PRICE, PER PHIAL OF 2 DRACHMS, $2.50.

Columbia Chemical Company, - Washington, D. C.

Wholesale Agent, JOHN H. FRANCIS, 83 John Street, New York.

OVARINE!

(HAMMOND.)

The emotions in women are largely influenced by the ovaries, and the ovaries are in turn decidedly influenced by the emotions. Professor Skene states that grief, fear, anger, and even great joy are capable of arresting menstruation.

. . . "In order to maintain harmonious action of the whole organization it is necessary that the ovaries shall exist in full development and functional activity. On the other hand, these organs, which are essential to the well being of the individual, must, when diseased, exercise a potent influence in deranging the brain and nervous system."

Professor William A. Hammond has made the important discovery that the sterilized extract of the ovaries of the common pig contains the animal extract required to specially nourish the human ovaries and restore them to normal activity.

"STANBERRY, MO., May 15, 1894.

"A highly intelligent lady, age 26, affected with sterility due, according to my opinion, to defective nutrition of the ovaries, had not menstruated for five months. I put her on Ovarine, five minims, once a day. Menses established free, normal as to quality and quantity, in three weeks. I shall continue the Ovarine until the patient becomes pregnant and shall then make further report. I am, etc.,

"E. HOUSTON, M. D."

The use of OVARINE is of great value in the treatment of those nervous disturbances dependent upon ovarian irritation. It is to be recommended in—

1. Congestion of the Ovaries.
2. Chronic inflammation of the ovaries (oophoritis).
3. Imperfect development of the ovaries.
4. Neuralgia of the ovaries.
5. Amenorrhœa, caused by ovarian derangements.
6. Chlorosis.
7. Hysteria.
8. Nervous prostration (Neurasthenia).
9. Sexual frigidity.
10. Sterility.
11. Irritability.
12. Morbid appetite.

It is preferably administered in hypodermic injections of five minims, but a like quantity can be taken dropped upon the tongue.

The use of OVARINE is one of the most important discoveries of these times, and is destined to attract very general and very favorable comment.

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Metcalf's Coca Wine.

ALWAYS UNIFORM, THEREFORE ALWAYS RELIABLE

FOR FATIGUE OF MIND OR BODY.

Made from Fresh COCA LEAVES and the Purest WINE.

—RECOMMENDED FOR—

Neuralgia, Sleeplessness, Despondency, etc.

As a Tonic and Invigorator it is always Safe, Agreeable and Certain, being prepared with the utmost skill and precision from the freshest Coca Leaves and the purest Wine obtainable.

RINGER recommends COCA LEAVES as of great value in Febrile Disorders, by restraining tissues metamorphosis, and for the same reason in Phthisis. For their decided and anti-spasmodic qualities, they have been successfully employed in Typhus, Scorbutus, Gastralia, Anæmia, Enteralgia, and to assist Digestion.

COCA WINE is probably the most valuable Tonic in the Materia Medica, when properly prepared. With stimulating and anodine properties combined, **Metcalf's Coca Wine** acts without debilitating, being always uniform and therefore absolutely reliable. For Athletics it is invaluable in imparting energy and resisting fatigue. Public speakers and singers find it indispensable as a "Voice Tonic," because, being a "tensor" of the vocal chords, it greatly strengthens and increases the volume of the voice; and to the elderly it is a dependable aphrodisiac, superior to any other drug.

—:o:—

Physician's Sample Bottles, by express, carriage prepaid, upon the receipt of ONE DOLLAR.

Dr. Archibald Smith—"Peru as it Is"—states that "Coca" increases energy, removes drowsiness, enlivens the spirits and enables the consumer to bear cold, wet, great bodily exertion and even want of food, to a surprising degree, with ease and impunity.

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Gonorrhea and Marriage.

The disease gonorrhea probably leads to more serious results in those women who become infected than any other venereal disorder. If women do not chance to lose their lives through its means they are generally subjected to life-long misery from salpingitis or peritonitis. The worst of it is that it is the innocent women, who are led in marriage by men supposed to have been cured of gonorrhea, that often suffer most from these diseases.

We have long been taught to look upon syphilis as the more dreaded of the two major venereal diseases. Possibly, so far as men are concerned, this may still be so considered, but it is not the case with women. Indirectly, as gonorrhea may be traced to men, the same can be said of this disease in them. Latent gonorrhea, supposed to have long since been cured, will often crop out when venereal excesses are indulged in following marriage, and such will most certainly infect the woman. Indeed, syphilis is curable, but it is doubtful if gonorrhea is ever cured in the male. The question, then, naturally arises: Should men with gonorrhea, or who have ever had gonorrhea, marry?

To this we emphatically answer no!

It is possible that the answer might be qualified to read that no gonorrheal male (from the standpoint that all males who have had gonorrhea may be still infectious, and, hence, are to be considered gonorrheal) should marry a non-gonorrheal woman. This disease cannot be called one which is usually transmitted to offspring, and thus the question of transmitting it to posterity is not to be considered so largely.

Why should innocent women be led into unnecessary suffering by a marriage contract with men who cannot control their passions until the proper time?—*Times & Register.*

The Plague Bacillus.

Several investigators in China, who have been studying the plague, have announced the discovery of a bacillus, the micro-organism in each case being different from all the others. Although time alone will decide which of these claims, if any, is well founded, the presumption is that Kitasato's bacillus is the true one. The disease still prevails in Canton, but has nearly died out in Hong Kong. An official report places the nnmber of deaths from the plague in the latter city up to August 1st at 2504.—*The Sanitarian.*

"Buttermilk for Babies" is the title of a paper by Dr. Ottersen in the Massachusetts Medical Journal, and the St. Louis Medical and Surgical Journal humorously remarks upon it that, "If the baby has the right kind of a mother, it will not want any but her milk."

Internal Hemorrhoids.

Dundore (Mathews's Medical Quarterly), after an exhaustive paper on this subject. concludes as follows:

1. The ligature is the safest method of operating for internal hemorrhoids, as there is less likelihood of its use being followed by hemorrhage, stricture, or ulcers.

2. The clamp and cautery cause less pain, shorter convalescence, and are less likely to be followed by retention of urine than when the ligature is used; but hemorrhage and stricture of the rectnm may very often follow their improper application.

3. The practice of Whitehead's method should be limited to those cases in which the entire circumfercnce of the anus is involved. In ordinary cases of one or more hemorrhoids it should never be used, as it is liable to be followed by severe after-effects, and at best could produce no more radical result than the clamp and cautery or ligature.

4. Simple dilatation of the sphincture, injection of carbolic acid, and Manley's method are simple palliatives, and their use is very limitcd.

5. There is no single operation which is available in all cases. Experience alone should suggest the most efficient method of treating each individual case.—*Therapeutic Gazette.*

Fournier-Syphilis in Childhood.

Most physicians and all of the laity hold the erroneous idea that syphilis in the child is always hereditary and very seldom acquired. Two points must be understood:

(1). Syphilis is never acquired during child-birth, because at birth the child is already syphilitic. (2). An acquired syphilis is never dependent upon syphilis of the mother which she acquired before the child's birth, for here, again, the child is born syphilitic, although it may be latent. The positive causes of contagion are thus reduced to—

1. Nursing, by which a previously syphilitie nurse infects when she developes patches in her mouth or papules upon the nipple, or by a nurse who is herself infected by nursing a second and syphilitic child.

2. During its growth; by its mother, subsequently affectcd; by its father, by its attendant, especially by kissing; by other persons with whom it comes in contact.

3. Criminal attempts.

4. Inoculation by physicians or midwives, either by the hands or by instruments.

Fournier concludes that children acquire syphilis more often than is supposed.—*New York Polyclinic.*

The Action of Asparagus on the Kidney.

Three years ago Wilks sent a short communication to the Lancet, requesting the opinion of the profession on this subject. He therein stated that, in spite of books declaring asparagus to be a diuretic, he had observed that the very contrary was its action. Four letters came in reply, written by medical men. Three of them stated that from direct observation they had ascertained the inhibitory action of asparagus on the function of the kidneys, so that frequently only a third of the normal quantity of urine was secreted after eating this vegetable. The fourth gentleman said he had no knowledge of his own, but believed asparagus to be a diuretic, as he had always understood it to be so. The question of this vegetable's action in the economy is of little importance when it is so universally eaten and approved of, but it is one of interest in connection with the history of medicine as a science and art. In other sciences knowledge has grown from small beginnings, so that they have a solid foundation and superstructure, but the practice of medicine has existed from the remotest ages and was born of superstition. Consequently, a large part of our advance has been by getting rid of and overthrowing error. The writer has on his shelves a "Herbal," published about a hundred years ago, describing the value of a vast number of plants which are now discarded as useless; but that a positive error, and one the very reverse of the truth, as regards the action of a well-known vegetable should still be propagated in books is a most remarkable fact and, as ragards the whole subject of therapeutics, a very sad one.—*Lancet.*

Heart Disease.

Pawinski (Therapeutische Monatscheft) compares caffein natrio-salicylate with strophanthus and digitalis as follows:

In valvular diseases of the heart, with disturbance of compensation, digitalis and strophanthus are superior to caffein, but the latter can often do good service when the former are contraindicated.

In respect to regulating the heart rhythm, caffein is also inferior to the others; but in respect to excitation of diuresis, it is much superior. The best field for the administration of caffein is in diseases of the heart muscle, either functional or degenerative, and especially in the early stages of the disease. But in the later stages, when the heart, in consequence of progressive degeneration of the muscle fibers, is not able to perform its duty, and there are œdema, dyspnœa, and dilatation, then we must resort to digitalis.

Caffein is also indicated in acute insufficiency in patients whose circulatory system is otherwise healthy, such as after severe mental strain, moral commotion, and especially during fevers. In many cases also caffein produces a pleasant narcotic effect.—*Canadian Practitioner.*

Poisons on Fruit.

There has been much discussion of late concerning the danger of poisoning from eating fruit which has been sprayed with salts of copper or arsenic to destroy insects or fungi upon the plant.

It is stated that experiments have been carried on for two years at the Michigan Agricultural College with a view of finding out the truth in the matter.

The important question is: Do the poisons penetrate the skin of the fruit? The tests have shown that copper sulphate has passed into the body of the pear, though more of the solution remained upon the skin. If this peel is not a protection, what can be said of the thinner skins, like those of the plum, the cherry, berries, etc.? Dr. Kedzie, who made the analyses, says that horticulturists often use much larger quantities of the poisonous solutions than are necessary to destroy the life of the fungi; one-half or even a third of thc quantity generally nsed would be enough.

It is not safe to eat fruit which has been sprayed with any poisonous salts, for while the poison received into the system from one pound might not be harmful, if no more were taken, repeating the dose may in time result in slow poisoning.

And how are people in the cities to know whether or not their fruit has been sprayed?—*Sanitarian.*

Children of Drinkers.

The Quarterly Journal of Inebriety gives the views of a specialist on this subject, with observations with 12 families of drinkers and 12 of temperate people. We tabulate the observations below:

	Drinkers.	Temperate.
Number of children,	57	61
Deaths under one week old,	25	6
Idiots,	5	0
Dwarfs (stunted in growth),	5	0
Epileptics,	5	0
Chorea, ending in idiooy,	1	0
Deformed and diseased,	5	0
Hereditary drunkards,	2	0

One of the above is counted under two categories, leaving only 10 of the children of drinkers showing normal constitutions.

Fats and Oils.

If the digestive organs of your patient are unable to digest and assimilate fats and oils, then he needs Seng, two or more teaspoonfuls before each meal. No person will have consumption whose digestive apparatus is able to digest fats and oils.

Gardner's

Syrup of Hydriodic Acid:

Introduced 1878. The original Syrup which has given Hydriodic its reputation. Sixteen years in use as an unequaled Alterative, Resolvent and Antiseptic. Perfect substitute for Iodide of Potassium.

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Only Award granted Syrup Hydriodic Acid at World's Fair, 1893.

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CHEMICALLY PURE HYPOPHOSPHITE SYRUPS.

Syr. Hypophos. Soda. Syr. Hypophos. Potass.
Syr. Hypophos. Lime. Syr. Hypophos. Manganese.
Syr. Hypophos. Iron. Elix. Hypophos. Quinine. (Soluble.)

Prescribe the truly indicated salt only.
Avoid contra-indicated and antagonistic bases.
Scientific methods and pure remedies will give you BEST RESULTS.
Literature to Physicians only, without charge.

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R. W. GARDNER, Pharmaceutical Chemist,
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"Pretty as they are Useful."

SPRINGER, N. M., December 11th, 1893.

THE HALL CAPSULE CO., Cincinnati, O.:

Gentlemen:—I received the 1000 Ruby Capsules sent me by mail sometime since, and am very much pleased with them. They are pretty as they are useful, are excellent in quality, and the most convenient means I have ever seen where two kinds of medicine are given in capsules to be taken in alternation. I enclose postal note, one dollar. Kindly mail me another 1000 of the No. 2.

Yours, etc.,

L. HINES, M. D.

☞ Specify "THE HALL CAPSULE CO." in ordering.

The Early Diagnosis of Phthisis.

In a paper read at the International Congress, M. Bernheim, of Paris, calls attention to the following points, which may be advantageously made use of in addition to the usual clinical symptoms of beginning pulmonary tuberculosis:

1. The examinations of the secretions (urine, excess of phosphates and diminution of urea; blood, changes in configuration of the corpuscles; expectoration, presence [rare] of bacilli; urine ditto).

2. The inoculation of the patient's blood into an animal.

3. The examination of the lymphatic system (in many cases of commencing phthisis the glands are enlarged).

4. The constant hypertrophy of the spleen.

5. The improvement induced by the inoculation of these *debutants* in phthisis with immunized serum, the condition of other patients not being ameliorated by serotherapy.

Of course, the association of several of the above signs is necessary before the diagnosis can be affirmed; but the early and constant enlargement of the spleen is a sign to which attention has not been called sufficiently, and on that ground I deem it worthy of mention to-day.—*Indian Medical Record.*

Typhoid Fever in Infancy,

Noyes (Med. Rec.) reports eight cases occurring in children from eleven months to three years of age, in a recent epidemic due to a contaminated milk supply. He thinks any long-continued fever, without obvious local inflammatory cause, suspicious, especially if joined with gastro-intestinal disorder; and the rose spots should be carefully looked for and the stools examined for characteristic bacilli. He urges the sterilization of all milk used for young children, and the disinfection of the stools in all cases of diarrheal nature.—*Polyclinic.*

An Anti-Contagium Society in Asia.

At Baku, on the Caspian Sea, the advance wave of sanitary knowledge has been the means of establishing a new society intended to do away with hand shaking and osculation in the greeting of acquaintances. The ground is taken by the members of this society that these acts tend to propagate and disseminate the bacilli of disease. According to the Paris Herald the friends of this movement are males, and the ladies of the city have entered a protest against it to the Governos-General of the province.—*Journal of the American Medical Association.*

Dietetic Treatment of Patients Threatened with Cerebral Hemorrhage.

Dr. Joseph Collins, in Food: The diet for these patients, varying as it must with individuals and their digestive peculiarities, should be mainly of carbohydrates, sparingly of hydrocarbons, and still more sparingly of nitrogenous food stuffs. The essential points to remember about the latter two are, that the first is given as an energy producer and as an aid in the complex oxidation of other food stuffs, and that when the last one is administered it should be seen that its complete oxidation is thoroughly performed. So much for the administration of the organic food stuffs. A word concerning the inorgenic, Water, particularly, is necessary. The important part played by water in the treatment of arterial degenerations, particularly when such degenerations are dependent upon improper and insufficient metabolism, is not easily overestimated. The presence of it in the digestive tract, influencing as it does the rapidity of osmosis, filtration, and the other principles involved in absorption, and its effects in lowering the speaific gravity of the blood after it is absorbed, are both very important, not to speak of its being the vehicle for the removal of most of the effete matters from the system. It favors absorption, facilitates oxidation, and promotes thorough metabolism. In all cases of arterial degeneration, with threatened cerebral apoplexy, water should be given in small quantities, frequently repeated, and should thus become a staple part of the diet. —*New York Medical Times.*

The Eczema of Surgeons,

For the treatment of this annoying trouble, which results from the irritation produced by disinfectant solutions, Prof. Lassar recommends in the International Journal of Surgery:

1. The use of a good soap. 2. Anointing the hands with a mixture of equal parts of adeps lanæ, olive oil, glycerine, and vaseline. 3. Abstaining from the employment of disinfectants for a time. 4. Application of a pasfe which will remove the crusts, for ten minutes, followed by a paste of tar oil and sulphur for an equal period, and then by chrysarobine; at night a bandage is to be worn.

A Most Sensible and Scientific Tendency.

It will be odserved in reading the excellent papers presented at the recent meeting of the American Climatoligical Association, held in Washington, D. C., May 29 to June 1, 1894, that "the whole tendency of opinion during then entire sessions seemed to be towards physiological treatment —the use of therapeutic means which are in the line of natural processes, rather than the use of drugs—substances which are foreign to the organism."

A Gentle Laxative.

The profession as well as the public have long appreciated the importance of a simple laxative Time out of mind remedies have been in every-day use in the home for this purpose, but it remained for the California Fig Syrup Company to furnish a pleasant, potent, perfect laxative, safe to be used in the home of members of the family of all ages.

The Company has frankly informed the medical profession that the chief laxative ingredient of their compound is senna, so treated that all tendency on its part to gripe and produce irritation and subsequent debility in the bowels, is removed. The chief feature claimed by the Company for their Syrup of Figs is the fact that the component parts of the product have all disagreeable taste disguised by a mingling of aromatic carminatives in such a way as to make it really pleasant to the taste; and these aromatics at the same time overcome all disposition upon the part of the drug to pain and discomfort; and carry as it does the stamp of the Company's responsibility, it is always reliable and uniform in its effects.

It is conceded by every practical physician that a family laxative is one of the few medicinal agents which they will entrust to family use, and surely anything which will tend to assist in the relief of that *bete noire* of child and adult life—constipation—is a helper in the direction of general healthfulness.

The medical profession has not only consented to the use upon the part of the families under their care of Syrup of Figs, but when desiring to order gentle purgatives and simple laxatives they cheerfully specify in their prescriptions the product referred to; and the wonderful success of this gentle family laxative is largely owing to its universal use by the medical profession.—*Medical Mirror.*

Red Noses.

A German physiologist—or physiognomist—one Dr. Kelling, has, according to the Journal de Medecine de Paris, discovered a simple method of saving abstemious people who are afflicted with red noses from being mistaken for confirmed topers. According to Kelling, the "jolly red nose" is caused by a contraction of the venioles, producing sanguineous stasis of the capillaries and consequent loss of tone in the muscular parietes of these latter. His method of treatment, for which he claims entire success in upwards of a score of cases, is as follows: A continuous current of medium (supportable) strength is passed through the peccant organ for from five to eight minutes, the two rheophores being the while freely promenadcd all over the tinted surface. Sittings take place every two or three days, the violet-red color disappearing after from ten to fifteen applications.

Treatment of Gonorrhœa.

Dr. Da Costa treats acute gonorrhœa by spraying the canal with a 15-volume solution of hydrogen peroxide, then applying an antiseptic solution consisting of oil of cinnamon dissolved in liquid vaseline, beginning with a one-drop-to-the-ounce solution for the first day, and afterward using a three-drops-to-the-ounce solution.

Diday recommends a five per cent. solution of nitrate of silver. The urethra is compressed at the posterior part, and the anterior portion of the urethra is filled and distended by the injection. Six out of eight cases were cured in ten days.

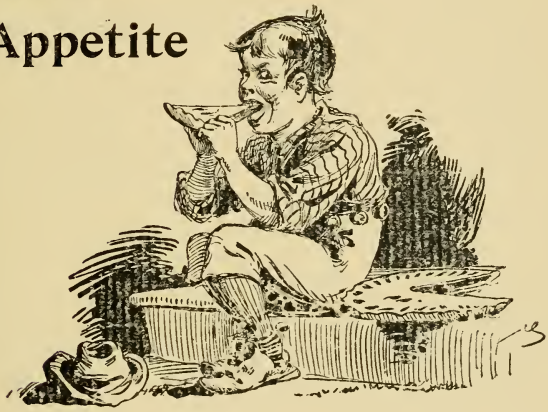
Janet employs a solution of permanganate of potash introduced by means of a siphon, affording sufficient pressure to carry the solution into the bladder. The solution should be used warm and immediately after urination. It should be encouraged to enter the bladder by having the patient make efforts at emptying the bladder while the injection is being made, the orifice of the urethra being compressed around the nozzle of the siphon so as to prevent the escape of the liquid. The more intense the inflammation, the weaker the solution should be. In severe cases the proper strength is 1-4000: in moderately severe cases, 1-2000; if acute inflammatory symptoms are absent, 1-1000. A weak solution employed slowly, so that it is retained for some time in contact with the mucous membrane, produces the same effect as a strong solution employed for a shorter time. In severe cases an injection should be made once in four hours; in subacute inflammation, once a day, or once in two days. A whitish secretion occurs a few hours after the injection, then the surface becomes dry. Ten or twelve irrigations are usually required to effect a cure.—*Modern Medicine.*

Treatment of Sunstroke.

The conditions of sunstroke are an immoderate heating of the blood, and, consequently, of the whole body. The heat stimulates the heart ganglia, and, through these, the heart muscle, which is already overworked, and paralysis of the heart, from exhaustion, follows. The immoderate heat also irritates the various nerve centers of the brain, and thus produces general convulsions, etc.

Koerfer (Therapeutische Monatscheft) prescribes prolonged chloroform narcosis to reduce the irritability of the heart ganglia and nerve centers, and then the ordinary therapeutic measures; *e. g.*, cool baths, large amount of fluids (per anum, if necessary), ether and camphor injections, etc. Hirschfeld recommends, instead of the cold bath, a prolonged warm bath, the temperature of which is very slowly lowered, and venesection, if there be œdema of lungs or brain.—*Canadian Practitioner.*

A Good Appetite



indicates a good digestion. Conversely, a poor appetite indicates an impaired digestive power. LACTO-PEPTINE ELIXIR WITH GENTIAN AND CHLORIDE OF IRON acts as a helper both to the appetite and digestion, and thus, indirectly, improves all the nutritive processes. A general tonic effect is also obtained from the chalybeate action of the Iron. This preparation is particularly indicated in all *atonic* conditions of the digestive organs. This reasoning is but that of laymen, but physicians tell us that we are correct.

THE N. Y. PHARMACAL ASSOCIATION,

SEND FOR SAMPLES. YONKERS, N. Y.

Strontium Lactate as a Diuretic,

Dr. A. Reid (Therap. Blatter), from the extensive experience with strontium lactate in Bright's disease and other dropsical affections, arrives at the following conclusions:

1. In many cases of Bright's disease strontium lactate diminishes the proportion of albumin in the urine to a considerable degree; this does not apply in cases of contracted kidney.

2. The administration of the strontium salt in the form of powders frequently gives rise to nausea and vomiting; the remedy should therefore be given only in solution (3 to 4 tablespoonfuls of a 1:6 aqueous solution daily).

3. Strontium lactate, thus administered, acts decidedly as a diuretic.

4. Strontium lactate may be recommended, owing to its diuretic properties, in pleuritic exudations, as a temporary substitute for the salicylates—salicylic acid or its compounds, when given for some length of time, may produce toxic effects, while the strontium is well tolerated even for weeks.—*Amer. Medico-Surg. Bulletin.*

For Obesity.

Take no water or other fluid at any time, except one cup of any desired hot drink, just before rising from the table. Use no liquids while eating. Avoid sugar, nuts and pastry. Eat nothing between meals. Confine the diet to lean beef, mutton, chicken, turkey, fish, eggs, oysters, with one slice of stale bread well dipped, the bulk of the meal being of tomatoes, celery, spinach, turnips, cabbage leaf, but not the fleshy mid-rib, and fresh or dried fruits, cooked without sugar, such as apples, peaches, plums, prunes, prunellas. A little cheese is permissible; coffee, tea, skimmed milk or buttermilk after eating as stated. Exercise should be taken, running being most effectual, before breakfast or before going to bed.—*Times and Register.*

Bassini's Method for Radical Cure of Hernia,

This method which has recently become quite popular in this country, consists essentially in the following procedure: The sac is carefully dissected out, ligated, the hernia reduced, and the sac ligated and cut off as close as possible so that it will retract into the abdominal cavity. The internal oblibue and transversalis muscles are then stitched back to Poupart's ligament, the cord being drawn aside in the meantime. The cord is then laid over these muscles, and a roof and a new canal formed by stitching the skin to the superficial fascia over the cord. Some operators make three layers of sutures, placing the cord between the layers of the superficial and the deep fascia.

Diagnosis of Habitual Headaches of Nasal Origin.

Dr. J. Scheinmann, of Berlin, claims that habitual headache very frequently is of nasal origin. Even in neurasthenia and hysteria he says that headache may be only due to some local nasal affection, and not be a single symptom of the total symptom complex. Grave diseases of the nasal cavities and their appendages may exist for a long time without the patient noticing them, while his headache is terrific, and only by the nasal symptoms becoming more distinct is the attention of the physician called to the true source. Neurasthenics are more easily affected than healthy subjects by these nasal irritations; often their headache is of local origin, and they will be frequently relieved by appropriate local treatment. Most patients with swelling of the mucous membrane of the turbinated bones suffer more or less headache, and hence, where no known cause can be discovered in a case of headache, he advises examination of the nose, in hysterics and neurasthenics as well. Polypi are also a cause. The pain originates at the root of the nose, and radiates into the eye or the temple, or there is a constant dull pressure over the root of the nose, which often is associated with dull headaehe. Especially in cases of catarrh, with hypertrophy of the mucous membrane of the turbinated bones, is there a distinct listlessness and inability or loss of desire for mental exertion. Empyema of the maxilliary is often accompanied by headache on the corresponding side, and at the root of the nose. There is a constant sensation of pressure at the root of the nose, and often severe neuralgic pains in the frontal region.—*Berliner klinische Wochenschrift—New York Med. Times.*

Immediate Repair to Injuries of the Pelvic Floor.

Dr. George M. Boyd reports in the New York Journal of Obstetrics and Gynecology 721 cases of completed labor with 117 injuries of the pelvic floor, and in some of these cases, fearing rupture in the perineum or elsewhere, he has been ready to operate and in most of them he operated at once. His conclusions are:

1. As every obstetrical case is greatly a mathematical problem, so is the safety of the pelvic floor; if the passenger is too large for the passageway (something must give), a tear, either vaginal or perineal, will follow.

2. As it is our duty to study all obstetrical cases before labor by palpation and pelvimetry, just as much is it aur duty to examine the perineum and vagina after labor.

3. That having any injury to the pelvic floor, it should be at once repaired, and a good method to follow is to perform the operation under constant irrigation, using sterilized Chinese silk for sutures, and avoiding infection of wound by placing the stitches without inserting the finger in the rectum.—*Maryland Med. Journat.*

Treatment of Diabetes with Fluid Extract of Jambul E Cortice.

Dr. Lenne (Therapeutische Monatshefte), who had previously reported encouraging results from the use of powder prepared from the fruit of *Syzygium Jambolanum*, has now tried the fluid extract of the bark, according to the method proposed by Vix. Fifteen grains were given in water three times a day from one to two hours after meals.

On February 14th to 15th the patient passed 4,250 cubic centimeters urine, specific gravity 1034, containing a trace of albumin; 5.1 per cent. sugar (216.75 grammes); 3.1 per cent. urea (131.75 grammes); large amount of acetic acid.

Under treatment the patient's weight increased from 43.950 kilogrammes to 45.300 kilogrammes on March 17th. The volume of urine at that time was 3,000 cubic centimeters; the specific gravity, 1031; the percentage of sugar, 3.6 (108 grammes); the percentage of urea, 2.6 (78 grammes). The diminution in the amount of sugar was, however, not constant, reaching as high as 5.3 per cent. on February 22d, and again 4.5 per cent. on March 16th. Lenne concludes justly that not the slightest influence of the agent upon metabolism can be recognized. For his part, he thinks that the fluid extract from the bark exerts just as little influence upon the sugar-excreting process of diabetes as does the powdered fruit.—*Therapeutic Gazette.*

Palliative Treatment of Uterine Cancer.

In cases where operation is impracticable, as the malignant deposits cannot be removed entire, Boldt recommends as the best form of treatment curetting and subsequent cauterization. Curetting and packing with pledgets saturated with chloride of zinc also proves beneficial. If rigid antiseptic precautions be taken, piercing of the uterus by the curette may do no harm. The uterus is curetted, then the cavity is sponged with a mixture of commercial acetic acid (1 drachm), glycerine (3 drachms), and carbolic acid (20 grains). Lastly, the cavity is packed with absorbent wool. —*British Medical Journal.*

A few years ago Dr. Holmes was asked if he knew anything of an alleged experiment before the French Academy of Medicine demonstrating that the tentrillionth part of a drop of septicemic poison would destroy the life of a guinea pig, it having been publicly argued in Boston that this proved the potency of infinitesimal doses of medicine. Dr. Holmes added in a postscript to his note of reply: "The argument from the effect of animal poisons in small quantities to medicinal substances in general is like saying that because a spark will burn down a city a mutton-chop will feed an army."

Insomnia of Old Age.

Dr. J. W. Dale, in the University Medical Magazine, recommends very highly the use of morphia with a small amount of Dover's powder for the relief of the sleeplessness which is frequently one of the most serious complaints of the aged. The ordinary hypnotics, such as the bromides, chloral, and the numerous coal-tar derivatives, answer well for temporary purposes, but not where the demand is long continued. Dr. Dale gives at first from the 24th to the 12th of a grain of morphine, with 2 or 3 grains of the Dover's powder. This amount will need to be increased slightly as the patient becomes accustomed to it, but the doctor has found that even after a number of years, patients do not require an increase beyond a one-fourth of a grain of morphine and 10 grains of the Dover's powder. Its use he has found, is best limited to persons over 70 years of age, at which time of life its regular use is tolerated with impunity, and he has never found it to do any injury. The object in using the Dover's powder is to increase the bulk of the medicine, so that the patient will not be apt to increase the dose. Any particular increase would result in nausea from the presence of the ipecac. In addition to this, the small amount of ipecac present tends to maintain healthy action of the skin, and stimulate the stomach and the functional activity of the liver, as well as to diminish the tendency to constipation.—*Massachusetts Med. Journal.*

Inexpert Dentistry.

The Dental Society of New York City has recently undertaken to prosecute an amateur dentist. A compounder of patent medicines advertised a remedy for toothache. He was consulted by a poor woman. Instead of applying his drops, Jahnson undertook to extract her aching tooth, and in so doing broke off two teeth. These broken teeth have been the source of much suffering to the woman. The facts in the case were, not long after, brought to the notice of the society above referred to, and the counsel of that organization has been ordered to proceed against the inexpert dentist for a violation of the laws governing dental practice. —*Journal of American Medical Association.*

Intra-Venous Saline Injections in Uremic Coma.

Dr. C. T. Parker (Medical Record) reports that at the Chambers Street Hospital, New York, this method of treatment is used in all subjects of uremic coma, and found to answer better than any other. If the patient is plethoric, it is supplemented by the taking of blood from the other arm. The injection is made into one of the veins at the bend of the elbow, one or two quarts of the saline being used.

The Perchloride of Mercury in Whooping-Cough.

Raubitschek (British Medical Journal), knowing the want of success attending the usual treatment of whooping-cough, determined in the case of his own three children to resort to a novel procedure. He thoroughly saturated a cotton-wool tampon with a 0.1 per cent. solution of perchloride of mercury, introduced it into the mouth, pressed it against the base of the tongue, thus allowing the fluid to trickle downwards over the epiglottis, and finally withdrew it, at the same time swabbing the tonsils, uvula, and soft palate. This procedure wos carried out daily, or every other day, according to the severity of the case, and was attended with the best results, not only in the three cases referred to, but also in fourteen other children likewise treated. An improvement was noticeable on the second or third day, and all the patients were either cured or relieved within eight or fourteen days. One case appeared to be arrested during development by five applications of the solution. The author considers any poisonous effects to be impossible.

A New Parasite in America.

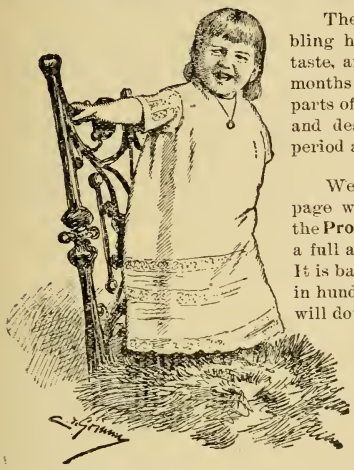
The announcement of the discovery in this country of the "Distoma Ringeri," by Prof. Ward, of the University of Nebraska, is attracting more attention abroad than at home. This fluke has hitherto been found only in ihe far East—China, Japan, Corea and Formosa—where it infests the lungs of man, giving rise to periodical hemoptysis (Foster's Med. Dict.) and chronic cough with rusty mucoid expectoration. Already we are told (Jour. of the Amer. Med. Ass'n) that if this parasite "is now endemic in America we may expect to hear more about it soon, not only as a parasite of the lower animals, but as a cause of endemic hemoptysis in man." Here is a brilliant opportunity for the men who are "in love with a microscope" and prone to "flirt with pathologic specimens." Endemic hemoptysis may soon become as fashionable as appendicitis.

Was Not Spoiled by Prosperity.

A newspaper paragraph is going the rounds to the effect that a Scotch girl named Lithegow recently graduated from the medical school of Ann Arbor University with a very fair record. Immediately following the event came the news that an uncle had died in Glasgow, Scotland, and left her a fortune variously estimated at $650,000 to $800,000. The young doctress exhibited no surprise or emotion on receiving the announcement, but merely said: "That will enable me to relieve the wants of the poor, without any regret for the loss of my time and labor."—*Journal of the Amer. Med. Ass'n.*

THERE ARE ONLY TWO PREPARED FOODS THAT WILL NOURISH A CHILD AS PERFECTLY AS HUMAN MILK. They are

Carnrick's LACTO-PREPARATA and SOLUBLE FOOD



The former is an all-milk Food, closely resembling human milk in character, composition and taste, and designed for infants from birth to seven months of age, and the latter is composed of equal parts of **Lacto-Preparata** and **Dextrinated Wheat,** and designed for the remainder of the nursing period and for Invalids.

We make the statement at the head of this page with a knowledge of the general opinion of the **Profession** in reference to **artificial feeding,** and a full appreciation of what our statement implies. It is based on personal observation and actual test in hundreds of cases, and we hope that no **Physician** will doubt this statement without verifying it by making a trial of our **Infant Foods** as now put up in hermetically sealed cans.

Samples will be furnished gratuitous if you desire to make a comparative test.

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Or KUMYSS in powder form for making **Liquid Kumyss** in less than one minute, by simply dissolving the powder in water.

More nutritious and more palatable than any LIQUID KUMYSS.

There is no Food that equals it in all forms of Indigestion, Pulmonary Affections, Fevers, Vomiting in Pregnancy, Cancer of the Stomach and all conditions of the digestive organs where no food or even water can be retained. In Phthisis, it will increase weight and strength far more rapidly than Cod Liver Oil.

KUMYSGEN is incomparable as a FOOD where **easy digestion, high nutrition** and **palatability** are desired.

A pound bottle of **KUMYSGEN** will be sent any Physician prepaid on receipt of fifty cents, which is about one-third its retail price. **KUMYSGEN** is now put up only in bottles holding 20 ounces and 5 pounds.

KUMYSGEN is much less expensive than ordinary **Kiquid Kumyss** to prescribe and its keeping qualities are perfect, while the latter spoils in a very short time.

*KUMYSGEN, when first prepared, was not relished by some patients, but, as improved, commencing with batch 200, it will please the most delicate palate.

REED & CARNRICK, New York.

A New Treatment of Pulmonary Tuberculosis.

Dr, Cohn, of Hamburg, has found ichthyol very useful in the treatment of pulmonary tuberculosis. He administers the drug in the following form:

℞ Ichthyolis..... } of each, 5 drachms, M.
Aq. destill..... }

The patient begins to take 4 drops of this solutiou thrice daily, and then the dose is increased by 1 drop daily until the maximum amount of 40 drops three times a day is reached. The best time of administration is before meals. Generally speaking, patients become readily accustomed to the disagreeable taste of ichthyol, but a mouthful or two of black coffee is very efficacious in removing the taste. The ichthyol is said to be very far superior to creasote or cod-liver oil.—*Medical Press and Circular.*

Consumption at Different Ages.

The common impression based on the statements of many of the older text-books is that phthisis is especially a disease of early adult life. The statistics of death in Great Britain, probably the most complete and extensive anywhere attainable, however. indieate that this is not correct. The largest number of deaths, according to these statistics, occur in the decade from thirty-five to forty-five years of age, and that not until about sixty years of age do the number of deaths from this cause, as compared with the number of persons living, fall below the average for the period, from twenty to twenty-five. It is to be remembered, however, that the disease usually requires several years to run its course, so that infection probably occurs on the average nearly five years earlier than death.—*Philadelphia Polyclinic.*

Non-Venereal Syphilis.

Thes cases of non-venereal syphilis or syphilis of the innocent do occur there s no doubt, but rare are they as compared with the disease acquired in the usual way. Dr. Henry A. Robbins, of Washington, D. C., records in the Virginia Medical Monthly a large number of cases of non-venereal syphilis which he has observed in his practice. In some cases it was passed from the guilty to the innocent by kissing; in other cases it was acquired by physicians who were attending syphilitic cases.

It seems very sad that usually those who innocentiy acquire the disease suffer more than those who justly pay the penalty for their immorality, probably because in the first place an unsuspected case develops further without treatment than one which is easily accounted for and whose initial lesion is on the penis.

Peptones.

It is commonly supposed that peptones must be the products of the action of pepsin on proteid and albuminoid substances. As a matter of fact, however, *true* peptones result from the fermentative activity of pancreatin. As will be seen by the pharmacopœial tests, under the respective headings, pepsin is active only in acid solution, pancreatin only in alkaline solution. There is one ferment, however, which is active in neutral solution, and this is papain, the so-called vegetable pepsin. A word as to the production of these various ferments. Pepsin, as is well known, is prepared by two general methods, producing "precipitated" and "soluble" pepsin, respectively. The former is prepared by exhausting the mucous membrane of the pig's stomach with water containing hydrochloric acid and precipitating with sodium chloride; the latter by macerating the mucous membrane in acidulated water and evaporating the resulting solution nearly to dryness, redissolving, precipitating the peptones formed by means of appropriate agents, evaporating and scaling. Pancreatin, or "trypsin," is mostly obtained by extraction of the pancreas with glycerin and precipitating with alcohol. Papain is obtained by expressing the fruit of carica papaya, diluting the resulting milky juice with water, allowing the resinous constiiuents to precipitate, filtering, and precipitating by means of alcohol.

"Peptones" are divided into the fotlowing four classes:

1. Pepsin-peptones. These are obtained by allowing gastric juice, or pepsin in acid solution, to act upon albuminous substances; these may be egg-albumen or the albuminoids in meat. When the previously coagulated albumen is entireiy liquefied or rendered diffusible by the action of the pepsin, the product is called albumose, which is considered to be nothing more than a dydration product of albumen. Its advantages over albumen are its greater solubility, easier diffusibility and its non-coagulation by heat. The majority of true pcpsin-"peptones" are made, however, by allowing pepsin in acid solution or gastric juice to act on fresh beef previously freed from fat and sinews for 32 hours at a temperature of 150° C. (22° F.) After coollng the liquid is filtered through a moist filter to retain all fat, tested with nitric acid for unconverted albumen, neutralized with sodium carbonate and concentrated in vacuo or on the water-bath either to syrup consistence or to dryness.

2. Pancreas-peptones. These are the *true* peptones. They may be obtained by acting on albuminous substances with pancreatin in alkaline solution (sodium carbonate or calcium hydrate), otherwise proceeding precisely as stated under pepsin-peptones, The action of pancreatin, or 'trypsin," is accompanied by deeper-reaching changes than that of pepsin, such products as leucin, tyrosin, etc., being formed. The pancreatin-

peptones possess a far more disagreeable taste than the pepsin-peptones or albumoses and are also inferior in keeping power.

3. Peptones from vegetable pepsin. These are now produced in not inconsiderabld quantities by allowing papain to act on meat. The juice of the agave or century plant, as well as that of the pineapple and American pawpaw, also comes within the realm of vegetable pepsin. These peptones, however, have long been regarded not as true peptones but as identical with the next and last group.

4. "Meat solutions," obtained by super-heated steam. Under this heading we may also include those solutions which are obtained by the action of boiling water—hydrochloric acid on meat. To prepare such peptones, meat, previously freed from sinews and fat and finely comminuted, is placed into cold water contained in a vessel fitted with a nearly air-tight cover and a false bottom to prevent the meat from burning. The water may contain 2 per cent. of hycrochloric acid or not: but the addition of the acid will shorten the process.

Treatment of Laryngeal Phthisis.

Dr. Hajek presented a patient with laryngeal tuberculosis (Medical and Surgical Reporter) upon whom he had tried a new treatment. The infiltration of the epiglottis was so great that the man could no longer swallow. Dr. Hajek removed the entire epiglottis by means of a galvano-caustic loop, and treated the wound with lactic acid. Four weeks later the patient was able to swallow with ease. Since then he had curetted one of the vocal cords which was ulcerated. This was also dressed with lactic acid and healed rapidly. It is now one year since the epiglottis was extirpated, and the cure is maintained. The patient has increased in weight 19 kilogrammes (38 pounds), proving that his general condition is better. Dr. Hajek stated that he had already extirpated the epiglottis of three patients.

Acute Edema of the Larynx--Tracheotomy and Intubation.

Dr. William Cheatham reported to the Louisville Clinical Society the case of a man, fifty-nine years old, who suffered from severe dyspnea consequent upon acutd edema of the larynx. There were large syphilitic cicatrices in the pharynx. Tracheotomy was done, but the dyspnea reappeared on the next day, when Dr. Cheatham removed the tracheotomy tube and introduced a large O'Dwyer's tube of sufficient length to reach below the tracheal wound. There was no subsequent trouble, the tracheotomy incision closing without suture and the edema disappearing under scarifications and active anti-syphilitic treatment.—*Medical and Surgical Reporter.*

Dr. William Goodell

Dr. William Goodell, the eminent gynæcologist, who had been in failing health for the last two years, died at his residence, 1418 Spruce Street, on Saturday morning, aged 65 years.

Dr. Goodell was the son of the Rev. Wm. Goodell, D. D., of Holden, Mass., and was born on the island of Malta while his parents were journeying to Turkey, where his father was engaged in missionary work.

In 1849 he entercd Williams College, Massachusetts. Graduating three years later, he came to Philadelphia and continued his studies at the Jefferson Medical College, and received his diploma in 1854. The same year Dr. Goodell rejoined his father in Constantinople, and there entered upon the practice of his profession. In 1857 he married, at Smyrna, Asia Minor, Caroline, daughter of the late Judge Thomas S. Bell, of West Chester, Pa., who survives him. In 1861 he returned to America on account of the unsettled condition of political affairs in Turkey, and, locating in West Chester, there commenced practicing medicine in this country.

Dr. Goodell made a specialty of obstetrics and diseases of women, on the subject of which he was a prolific contributor to the medical journals, and was also the author of "Lessons in Gynæcology."

In 1865, on his appointment as Physician in Charge of the Preston Retreat, at Twentieth and Hamilton Streets, he came to reside permanently in this city, and continued to hold this appointment until 1887.

In 1870 he was appointed Lecturer on Obstetrics and Diseases of Women of the University of Pennsylvania, and in 1874 Clinical professor of the University of the Diseases of Women and Children. He was also Honorary Professor of Gynæcology of the University, a member of the National, State and County Medical Associations, of the College of Physicians, of the American Philosophical and American Pathological Societies, and a correspondent of the Boston Gynæcological Society, of the London Obstetrical Society, and of the Imperial Medical Society of Constantinople.—*Ex.*

Hot Bichloride Poultice.

Rogers (Northwestern Lancet) warmly commends, in the treatment of variously assorted septic conditions, bichloride poultice after incision and for drainage. Where this is necessary, the affected part is splinted and is completely enveloped in hot bichloride gauze, or cloths wrung in a hot 1 to 3,000 bichloride solution, Over this is placed a thick layer of absorbent cotton wrung out in the same solution. The whole is entirely covered by a pad of oiled silk, retained in position by a roller bandage. He holds that wherever the ancient flaxseed poultice is indicated, the bichloride can be snbstituted with eminently more satisfactory results.—*Therap. Gazette.*

Congenital Constipation.

F. Huber reported the case of a boy, five weeks of age, who since birth had been troubled with constipation and colic. When first seen by the author he was suffering great pain, straining and kicking. The abdomen was swollen and tympanic and the child had been vomiting for two days. The temperature was 102°. By process of elimination a diagnosis of acute intestinal obstruction since birth was arrived at. It was due to an impaction of fæces in the reduplication of the sigmoid flexure of the colon, a condition frequently misunderstood or entirely overlooked. While in many cases it was a very trivial matter, still it was not uncommon for it to lead to serious illness and even to seriously jeopardize life. In infancy the descending portion of the colon was disproportionately long, and by being crowded down into the narrow pelvis it formed a number of curvatures instead of one sigmoic flexure. The treatment consisted in giving high rectal injections until the proper relation had been established between the colon and the sigmoid flexure. It was of course often necessary to continue the treatment for years.—*Boston Medical and Surgical Journal.*

Heart Complications of Gonorrhea.

Rare examples of endo and pericarditis following gonorrhea have been recordcd from time to time during the last half century, (New York State Medical Reporter,) generally acute and even fatal in their course. Probably a lesser degree of involvement of the heart will be proved to be much more common, now that attention has been directed to the subject. The affection is most likely to arise during a chronic gonorrhea, the chief symptoms being palpitation, peri-cardial pain, acceleration of the pulse-rate, and a slight peri-cardial rub. Gonorrheal rheumatism is generally present, but may be absent. It may be noted that the pathology of the joint affections in gonorrheal rheumatism still remains obscure, the presence of the gonococcus in the synovial fluid being claimed by some observers and denied by others. Some observers hold that the urethral or vaginal mucous membranes, damaged by the gonococcus, may serve to transmit other disease germs, such as pyemia and tuberculosis, and there is a good deal of evidence to support this view.

Salicylic Acid in Ringworm.

Salicylic acid is highly recommended as an application to ringworm. It may be used as an ointment, but is much better as a saturated solution in collodion. One application is often all that is necessary to effect a cure, but more may be necessary. The pain caused is not usually severe.—*Mass. Medical Journal.*

Painful Dentition.

℞ Muriate of cocaine..... gr. iss.
Tincture of conium..... } aa ʒ ij.
Syrup..... }

M. Sig.—Rub on the gums several times daily.—*New York Polyclinic.*

J. J. CALDWELL, M. D.

NEUROLOGIST,

BALTIMORE, M. D.

1133 N. Fulton Ave.

THE IMPROVED "YALE" SURGICAL CHAIR.

☞HIGHEST AWARD WORLD'S FAIR, OCT. 4TH, 1893.

Fig. V—Semi-Reclining.

1st. Raised by foot and lowered by automatic device.—Fig. I.
2nd. Raising and lowering without revolving the upper part of the chair.—Fig VII.
3rd. Obtaining height of 39½ inches—Fig VII.
4th. As strong in the highest, as when in the lowest position.—Fig. VII.
5th. Raised, lowered, tilted or rotated without disturbing patient.
6th. Heavy steel springs to balance the chair.
7th. Arm Rests not dependent on the back for support.—Fig. VII—always ready for use; pushed back when using stirrups—Fig. XVII—may be placed at and away from side of chair, forming a side table for Sim's position—Fig XIII.
8th. Quickest and easiest operated and most substantially secured in positions.
9th. The leg and foot rests folded out of the operator's way at any time—Figs. XI, XV and XVII.
10th. Head Rest universal in adjustment, with a range of from 14 inches above seat to 12 inches above back of chair, furnishing a perfect support in Dorsal or Sim's position.—Figs. XIII and XV.
11th. Affording unlimited modifications of positions.
12th. Stability and firmness while being raised and rotated.
13th. Only successful Dorsal position *without moving patient.*
14th. Broad turntable upon which to rotate the chair, which cannot be bent or twisted.
15th. Stands upon its own merits and not upon the reputation of others.

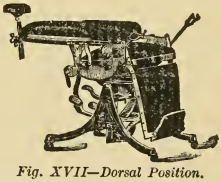

Fig. XVII—Dorsal Position.

Pronounced the *ne plus ultra* by the Surgeon, Gynæcologist, Oculist and Aurist.

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Wheeler's Compound Elixir of Phosphates and Calisaya. A nerve food and nutritive tonic for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Say Bone Lime Phosphate, Soda Phosphate, Iron Phosphate, Phosphoric Acid, and the active principles of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Detention, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

NOTABLE PROPERTIES: As reliable in Dyspepsia as Quinine in Ague. Secures the larger percentage of benefit in Consumption and all Wasting Diseases, by determining the perfect digestion and assimilation of food. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of women and children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best general utility compound for tonic restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

DOSE:—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age. Prepared at the Chemical Laboratory of

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☞ To prevent substitution, put up in pound bottles only, and sold by all druggists at One Dollar

READ THE PAMPHLET SENT YOU

—A HINT ABOUT TABLETS.—

The pharmaceutical Cheap Johns swarm in the tablet triturate field. The manner in which their goods are made and a hint as to quality may be inferred from the following from the *Medical Record*, October 13, 1894:

Tablet Triturates.

To the Editor of the Medical Record:

SIR:—If space permits, will you allow me to point out a matter that needs some correction. I think it will be acknowledged that tablet triturates have come tostay, at least for many years to come; they are certainly a "convenient and elegant" method of medication, but as prepared at present I think they are, at times, far from being "safe and accurate," as the manufacturers claim.

I have carefully examined samples from different manufacturers in various States and find the same objection to all, namely, that the ingredients are not triturated, but simply mixed. This might do very well where the medicines are of a harmless nature, although by no means commendable, but when tablets containing arsenic, strychnine and the like are so carelessly made that you can dig out the various combinations with a sharp-pointed knife under the naked eye, I think it is time to cry halt. I verily believe that I have seen evil effects from several such tablets, and if I knew of any better make I should leave all the others alone, but, as I said before, I find them all alike.

In my humble opinion all mixtures ought to be ground and triturated so that the finished tablet should exhibit one uniform color throughout the whole, and that the individual drugs should not be distinguishable even under a moderate magnifying glass. Only such can be safe.

COUNTRY DOCTOR.

EAST EDDINGTON, ME., September 10, 1894.

Our firm was one of the two houses who at request of Dr. Robert M. Fuller prepared the tablet-triturates he introduced in the pages of the Medical Record in the years 1878–82. The first decimals of our triturations, without exception, are triturated for four hours, some even longer, *and each successive decimal for four hours.* Thus, for example, the 6x trituration represents *fourteen hours triturating.* There is no exception to this rule; every drug receives *at least* this amount of triturating and some of them more. This also applies to the dosimetric and compound tablets.

Of course, tablet triturates of this nature cannot compete in price with the mixed, machine made productions of the Cheap Johns, yet in reality they are cheaper to physicians at card rates than the mixed product would be as a gift.

Physicians who care more for quality than price do not hesitate when they have to chose, as witness the following letter:

MESSRS. BOERICKE & TAFEL:

Gentlemen:—Replying to your communication of September 27th, I beg to inform you that after comparing the quality of your tablets and the net price at which you offer to supply me with 200,000 of the same, I take pleasure in instructing you to deliver the goods at the earliest possible time, and congratulate you upon the excellency of your products and the relatively low prices of the same.

Believe me. very truly yours,

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The Diuretic Action of Diuretin.

Pawinskl (Zeitschrift fur klinische Medicin) comeh to the conclusion, from his observations, that diuretin does not act through its influence on the innervation of the heart, as does digitalis, but in an indirect manner. By an increase of the urine and diminution of the edema the work that the heart has to do is lessened, and hence its action made more of use to the economy.

The diutetic action of diuretin is often excessive. ten to twelve quarts being sometimes passed in twenty-four hours. The maximum action begins on the fourth or fifth day. The substance is indicated in heart disease, where digitalis fails to act or cannot be taken. He uses it in aortic regurgitations, where digitalis is sometimes badly borne, and in heart disease, where there is great irritability of the nervous system. Diuretin gives better results in heart disease where there is disease of the heart muscle than it does in valvular disease. In kidney disease it is of less value. It is most valuable, however, in high grades of intestinal nephritis, where there is high blood-pressure. Dose is about fifteen grains, ninety grains to be given daily. It is best given in solution.—*University Med. Magazine.*

Compression of the Mammary Glands.

Verneuil (Bull. et Mem. de la Soc. de Chir. de Paris) advocates compression of the breast not only in cases of inflammation, but also in cystic tumor. He has devised very light stays, made of perforated leather and laced behind. The pressure is easier to apply, more uniform, and more constant than when bandages are used. The patient herself places layers of wool, gradually increased in thickness, between the breast and the apparatus. Verneuil insists that operation is rarely needed in cystic disease of the breasts. He has treated by alkalies, arsenic, and compression two patients who had undergone amputation of one breast, and asked him to remove its fellow. In both cases the remaining breast was cured. He also cured by compression a bad case of hypertrophy of the breasts in a girl of eighteen, where amputation had been proposed.—*British Medical Journal.*

Diet in Ulcer of the Stomach.

Doctor Roux declares that in ulcer of the stomach, food should be chosen that is digested in the intestines, such as milk, eggs, starches, fruits and green vegetables; farinaceous substances and eggs should constitute the chief diet. Lentils are preferable to potatoes and beans; among green vegetables, salads are excellent; green peas, turnips and carrots should be mashed before eating. Light puddings are easily digested, especially if they contain eggs.—*Journal d'Hygiene.*

Diabetes.

Unschuld (Berl. klin. Woch.) draws attention to some of the less noticed symptoms in early diabetes. He quotes a number of illustrative cases in which the disease was masked by the presence of dyspeptic symptoms, nervous symptoms classed as neurasthenia, etc. Sometimes diabetes may quite accidentally be discovered. Here marked thirst and abundant urine were mostly absent. Frequently cramp in the calves is complained of, a symptom at present but little recognized. During the past eight years the author has found it in as many as 26 per cent. of his cases. In 1891 he found it 33 times among 109 cases. It most often occurs in the morning, but sometimes at night. If such cramps occur and the patient complains of weariness and weakness, the urine should be at once examined for sugar. These cramps may be present in all forms of diabetes, except in the acute disease occurring in young subjects. Massage and attempts at walking generally relieve the cramp. The cause is obscure; perhaps it is due to the diabetic toxins. The recognition of these cramps may lead to the early diagnosis of diabetes.—*British Med. Journal.*

Oxalic Acid as a Germicide.

Potassium permanganate has long been reputed a reliable germicide in practical surgical work; and at the Johns Hopkins Hospital the routine preparation of the surgeons' hands was, after thorough washing, to have them immersed in a solution of permanganate until stained a deep red-brown. To remove the stain, they were then placed in a warm saturated solution of oxalic ocid. Repeated bacteriological tests have shown that this method was very effective.

A series of experiments, by Dr. Mary Sherwood, (Johns Hopkins Hospital Reports,) to test the relative germicidal powers of the two solutions, however, seems to indicate that the real germicide was the solution of oxalic acid. Using bits of surgeon's silk, dipped in cultures of *staphytococcus pyogenes*, it was found that potassium permanganate in saturated solutions did not sturilize them, either at the room temperature or at a temperature of 45° C., by exposure of from one to ten minutes. On the other hand, oxalic acid in saturated solution, at a temperature of 40° C. to 45° C., sterilized the infected threads exposed to its action for one minute, showing the oxalic acid to be the more powerful germicide.—*Polyclinic.*

Insect Bites.

℞	Ammonia water.....	45 minims.
	Collodion.....	55 minims.
	Calicylic acid.....	1½ grains.

One drop to be applied to each spot affected.—*Medical Age.*

Diet in Severe Forms of Diabetes.

Schmitz (Deutsche Med. Wochenshrift) insists that in the severe forms of diabetes, when the patients are much reduced and the proportion of sugar in the urine continues to be high in spite of exclusive albuminoid and fat diet, it is better to almost exclude meat from the diet list and give in its place more fat and a moderate amount of carbohydrates. He gives several histories of cases where the patients had been reduced to mere skeletons on the ordinary anti-diabetic diet. This had at first helped, but later had failed altogether to keep down the high per cent. of sugar in the urine. By giving much less albumen and more starch and fat, the amount of sugar in the urine was in a few weeks reduced from 5 per cent. and more to less than 1 per cent. in some cases with decided improvement in general health.

Injury to the Eyes from a Heavy Charge of Electricity.

Rivers (Archives of Ophthalmology) reports the case of a man, aged 25, who received an electrical force amounting to 550 volts; the discharge of the electrical force issued from a wrench, which was on a level with his face, a loud report occurred and an intense flash of light. The patient was knocked down; vision was immediately affected; the eyelashes and eyebrows were nearly burned off, the ocular conjunctiva had the appearance as if it had been painted with a strong solution of nitrate of silver, the cornea in each eye was of the appearance of ground glass, the opaqueness being greatest at the center, vision equal to perception of light. Eleven days later there was no corneal opacity, and the vision of the right eye equaled 20–CC, and the left 20–XL. The ophthalmoscope showed the media perfectly clear, the optic discs and retinal vessels looked normal. Vision gradually improved to 20-20, although photophobia was marked, and he has to wear smoked glasses when out of doors.—*Medico-Surg. Magazine.*

Abortive Treatment of Gonorrhœa by Permanganate of Potash.

Large injections (Revue de Therap. Med.-Chir.) of permanganate of potash methodically used is the best method of treatment yet introduced. Its advantages are: Being absolutely painless in cases of anterior urethritis, and scarcely painful in cases of inflammation of the whole tract, it can be commenced or left off without inconvenience; it has no detrimental action on the mucous membrane, but suppresses every trace of discharge from the first lavage, and is successful about eleven times out of fifteen. The size of the injection, and its frequency and strength, must be adapted to individual cases. Generally strengths of 1 to 4,000, or 1 to 2,000, or even 1 to 1,000 are tolerated.

Aseptic Vaccination.

Graff (Northwestern Lancet) urges that the bad effects alleged of vaccination are chiefly possible by failure to make the operation aseptic. He thinks all such risks may be avoided. He employs sterilized lymph in a sealed glass tube. The skin is thoroughly washed and rubbed with a two per cent. solution of lysol and dried. The old-fashioned lancet is disinfected by boiling, or with the same solution, care being taken to remove all traces of the disinfectant. The tube is then opened and a drop of virus placed on the point of the lancet, with which he makes three slight "picures" just through the epidermis about one inch apart. Finally the space is covered with gauze or absorbent cotton, secured in place by a roller bandage or rubber adhesive bandage. The dressing is not to be removed for three weeks, or if accidently displaced it is to be renewed. By this method he obtains typical vesicles with little redness and no fever, swelling or pain; the only inconvenience being a little itching. The contents of one tube will do for five to seven vaccinations, but these must be done at once, since after opening it will not remain aseptic.—*Philadelphia Polyclinic.*

The Strychnine Treatment of Pulmonary Consumption.

Next to rest and food, strychnine in large doses is the most important agent in the treatment of pulmonary consumption. Begin with 1-32 of a grain, and gradually increase to 1-16, 1-10 or 1-6 of a grain, or even larger doses, given four times a day. According to the author it does not produce albuminuria or diabetes, as is generally supposed. It alleviates the loss of appetite, the vomiting, the constipation, the nervousncss, the sleeplessness, the pain in the chest, the cough and expectoration, the dyspnea, the weakness of the heart, and acts as a blood-builder in an eminent degree. Its usefulness rests, of course, on its influence over the nervous system, and is another link in the chain of evidence which shows that in the majority of cases pulmonary consumption is the direct result of primary disease of the pulmonary nerve supply.—Thos. J. Mays, M. D., in the Coll. and Clin. Record.

Cancer of Throat.

Dr. James M. French says, in the Ohio Medical Journal, that he has recently used, with gratifying results, the following formula:

℞ Pyoktanin..... ʒi.
Chloroformi..... q. s. ut. solv,
Bozoinol..... ℥iv.

M. Sig.—Spray at intervals of one or two hours.

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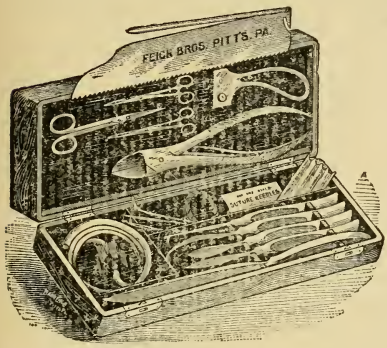

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MEDICAL PROPERTIES.

The greatest *value* of this *combination* is, that it often relieves those *obscure* and *chronic obstructions* to *gland action*, whether of the great glands as the *kidney, liver, pancreas*, or of the *lymphatic system*, which may exert so great an influence for evil on the economy. It seems to continuously increase its gain of confidence of the Medical Profession, as its use is indicated in a wide range of diseases, particularly so in *pernicious anæmia*, many forms of *skin disease*, both *scaly* and *papular*; has remarkable curative effects in *specific diseases* and other manifestations of *systemic infection*; in females suffering from *chronic uterine* and *pelvic diseases*, and in all kindred complaints, where an *alterative* and *tonic* is indicated.

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There are few disorders that cause so much mischief as **CONSTIPATION.** The **ELIXIR SIX APERIENS** is recommended as a *pleasant, efficient* and *trustworthy* remedy for *obstinate constipation* of the Bowels and the Diseases which attend it, as *Headache, Flatulence, Piles, Liver, Stomach, Intestinal* and *Uterine Troubles*, and the MANY OTHER AILMENTS which the physician can trace to *FÆCAL RETENTION*. Amongst the many advantages this Elixir has, it does not tend to leave the Bowels in a confined state, but strengthens the Muscular Fibres of the Intestines, thereby producing permanent benefit upon the Peristaltic Action of the Bowels. The tendency to griping and nausea produced by the ordinary Cathartic is overcome by this elegant Pharmaceutical Preparation which MOVES THE BOWELS GENTLY WITHOUT PAIN OR OTHER INCONVENIENCE. We attribute its mild and efficient action on the Bowels to the *combination* of the Six well-selected Laxatives.

Physicians when prescribing will please write:

℞ ELIXIR SIX original bottle—(*Walker-Green's*) Druggists will please write directions on their own labels.

A full size bottle of either Elixir will be sent to any Physician by express prepaid on receipt of $1.00.

WHOLESALE PRICE PER DOZEN, Iodides, $8; Hypophosphite, $6; Bromides, $6; Aperiens, $4.

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Antisyphilitic

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For insomnia and the neuroses Sulfonal-Bayer is a reliable, safe and active remedy, inducing physiological sleep, free from narcosis, and without sequelæ. Sulfonal should always be administered thoroughly dissolved in boiling water, which is allowed to cool until it reaches the drinking point. Supplied in ounces, tablets and pills.

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Lycetol, the tartrate of dimethylpiperazine, is a uric acid solvent possessing certain advantages: Freedom from hygroscopic qualities, pleasant taste, and great capacity for rendering the blood alkaline. Lycetol is suitable for prolonged administration, is well tolerated by the most sensitive patients, and is completely devoid of toxic effects.

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Unlike creolin and lysol it contains the cresols: Ortho-cresol, meta cresol and para cresol in a pure state and is always of uniform 100 per cent. strength. It is a water-white, clear liquid of pleasant creosote-like odor and dissolves in about 40 parts of water, which proves that it is absolutely free from neutral oil, naphthaline, etc. Trikresol will not corrode metals. Trikresol is cheaper than the impure cresol products, creolin and lysol, considering the active component parts of cresols in the former.

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The best form of Beechwood Creosote, devoid of its harmful properties. It contains 92 per cent. of the purest beechwood creosote in chemical combination with 8 per cent. of carbonic acid. Its action is non-caustic and non-irritating to the mucous membrane of the digestive organs, contrary to that of creosote; and it will agree perfectly with the most sensitive patients.

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Each fluid drachm represents 15 grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium. Ammonium and Lithium.

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DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

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a pleasant and effective liquid laxative has long existed—a laxative that would be entirely safe for physicians to prescribe for patients of all ages—even the very young, the very old, the pregnant woman, and the invalid—such a laxative as the physician could sanction for family use because its constituents were known to the profession and the remedy itself had been proven to be prompt and reliable in its action, as well as pleasant to administer and never followed by the slightest debilitation. After a careful study of the means to be employed to produce such

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a few figs are used, but to distinguish it from all other laxatives, and the United States Courts have decided that we have the exclusive right to apply this name to a laxative medicine. The dose of

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WE MAKE CARPETS, RUGS, MATTINGS AND CURTAINS A SPECIALTY.

Prices sent on application.

—A HINT ABOUT TABLETS.—

The manner in which cheap goods are made and a hint as to quality may be inferred from the following from the *Medical Record*, October 13, 1894:

Tablet Triturates.

To the Editor of the Medical Record:

SIR:—If space permits, will you allow me to point out a matter that needs some correction. I think it will be acknowledged that tablet triturates have come tostay, at least for many years to come; they are certainly a "convenient and elegant" method of medication, but as prepared at present I think they are, at times, far from being "safe and accurate," as the manufacturers claim.

I have carefully examined samples from different manufacturers in various States and find the same objection to all, namely, that the ingredients are not triturated, but simply mixed. This might do very well where the medicines are of a harmless nature, although by no means commendable, but when tablets containing arsenic, strychnine and the like are so carelessly made that you can dig out the various combinations with a sharp-pointed knife under the naked eye, I think it is time to cry halt. I verily believe that I have seen evil effects from several such tablets, and if I knew of any better make I should leave all the others alone, but, as I said before, I find them all alike.

In my humble opinion all mixtures ought to be ground and triturated so that the finished tablet should exhibit one uniform color throughout the whole, and that the individual drugs should not be distinguishable even under a moderate magnifying glass. Only such can be safe.

COUNTRY DOCTOR.

EAST EDDINGTON, ME., September 10, 1894.

Our firm was one of the two houses who at request of Dr. Robert M. Fuller prepared the tablet-triturates he introduced in the pages of the Medical Record in the years 1878–82. The first decimals of our triturations. without exception, are triturated for four hours, some even longer, *and each successive decimal for four hours.* Thus, for example, the 6x trituration represents *fourteen hours triturating.* There is no exception to this rule; every drug receives *at least* this amount of triturating and some of them more. This also applies to the dosimetric and compound tablets.

Of course, tablet triturates of this nature cannot compete in price with the mixed, machine made productions of the Cheap Johns, yet in reality they are cheaper to physicians at card rates than the mixed product would be as a gift.

Physicians who care more for quality than price do not hesitate when they have to chose, as witness the following letter:

MESSRS. BOERICKE & TAFEL:

Gentlemen:—Replying to your communication of September 27th, I beg to inform you that after comparing the quality of your tablets and the net price at which you offer to supply me with 200,000 of the same, I take pleasure in instructing you to deilver the goods at the earliest possible time, and congratulate you upon the excellency of your products and the relatively low prices of the same.

Believe me, very truly yours,

CONRAD BERENS, M. D.

PHILADELPHIA, PA.

Tablet list furnished on application.

Address,

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GURANIA

NO CARDIAC DEPRESSANT EFFECTS
ALL COAL TAR DERIVATIVES MUST HAVE

Unequalled where it is Desired to Reduce Temperature or Relieve Pain.

-SAMPLE BY MAIL ON APPLICATION.

YALE CHEMICAL CO., CHICAGO, ILL.

CHICAGO, April 17th, 1894.

YALE CHEMICAL CO., No. 9, Canal Street:

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Stimulates Digestion and Promotes Assimilation.

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Hypophosphite Soda	2	grains.
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DOSE: One to four fluidrachms. PINT BOTTLES. $1.00.

This preparation does not precipitate, retains all the salts in perfect sulution.

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PHOSPHORIC ELIXIR, Modified form Chemical Food.
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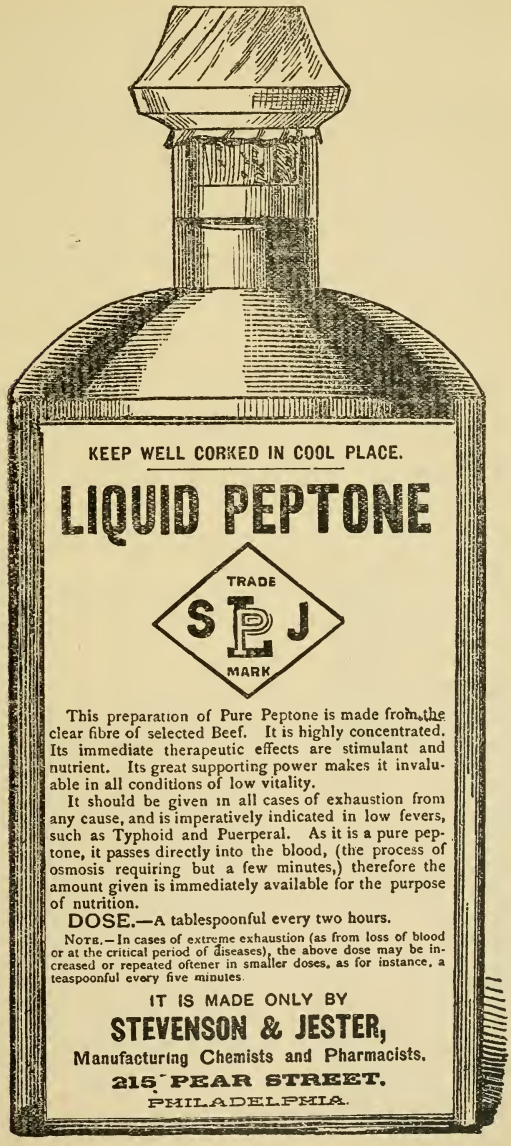
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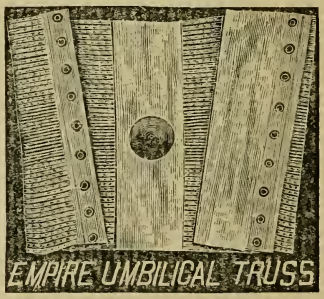

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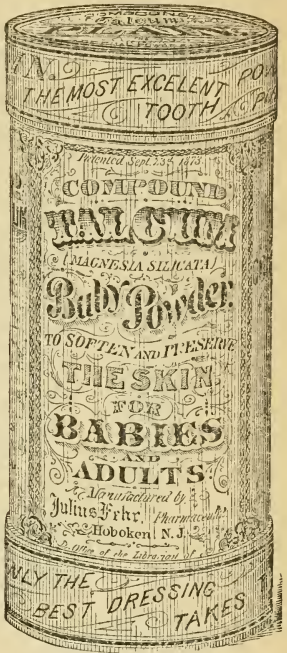

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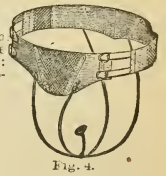

Fig. 4.

Fig. I.

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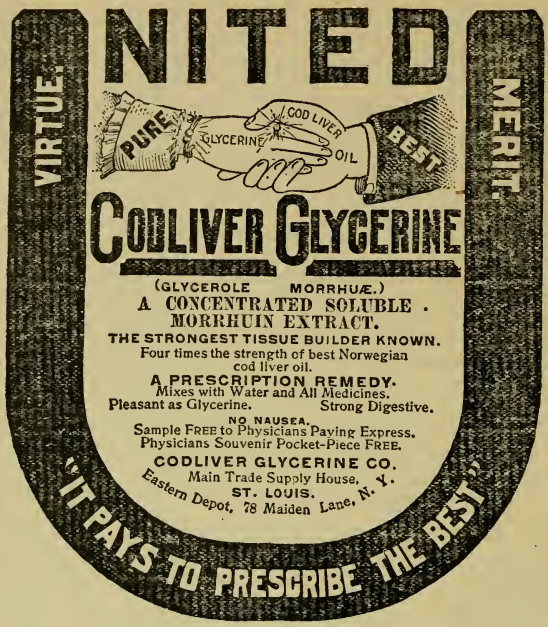

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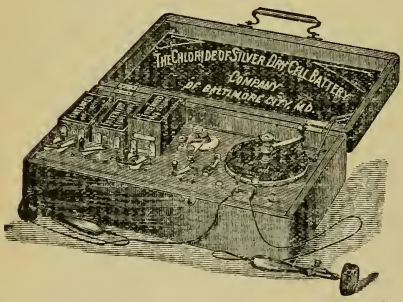

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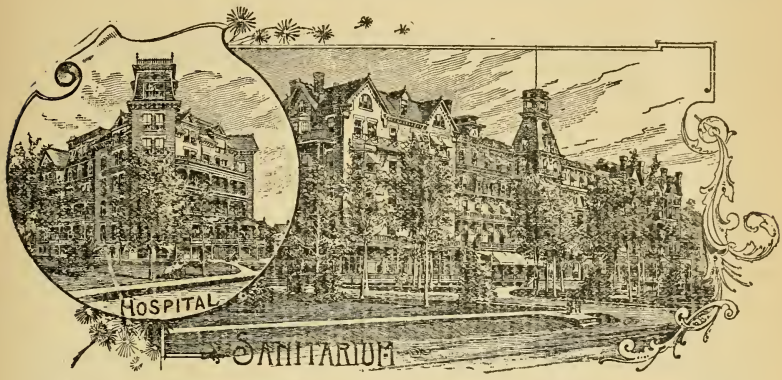

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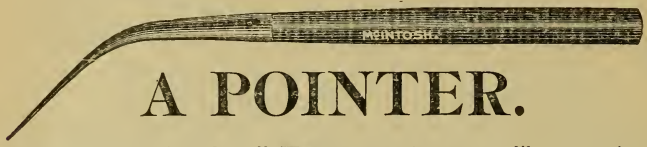

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The Charlotte Medical Journal.

Vol. V. CHARLOTTE, N. C., DECEMBER, 1894. No. 6.

The Mental Element in Diseases of the Genital Organs.

By LeRoy Long, M. D., Demonstrator Genito-Urinary Diseases, Louisville Medical College.

Written expressly for this Journal.

In the majority of diseases which the physician is called upon to treat the mental element is present to a certain extent. It may manifest itself in many different forms, varying from simple anxiety on the part of the patient to that deplorable state of the mind which often culminates in insanity, temporary or permanent. A certain amount of sympathy between the mind and body is quite natural, inasmuch as the patient may be ignorant as to the character of the pathological changes that are taking place. He may, therefore, be excused to a certain extent for making a "mountain out of a mole-hill." But this is not confined to the laity. I have seen physicians who knew that their disease was not a serious trouble stumble into this same quagmire of unstable mental equilibrium. In fact, none are free from this mental element, but there are great differences in different individuals, due to modified sensitiveness and to certain traditions and superstitions which have been firmly implanted upon their minds.

The object of this paper, however, is to call attention to the mental phenomena which present themselves during the progress of disease involving the genital organs. It matters not what the social or financial position of the patient may be, unless he is informed with reference to this class of morbid phenomena, a mental state is concomitant which is entirely peculiar to itself, unless, perchance, the moral sensibilities have been obliterated by early indiscretions or peculiarly unfavorable surroundings.

In order to rightly understand what follows, we will assume that every one born into the world, when he reaches the years of discretion, is endowed with a certain sense of moral obligation to himself and to his fellowmen, *i. e.*, he is capable of feeling a sense of shame on account of wrong acts committed. This moral condition, as a matter of course, may be greatly modified by heredity, the habits of the individual and his environments. These three modifying conditions, then, make a marked difference between individuals. It is on this account, therefore, that we notice different manifestations of mental phenomena.

Those who suffer with some disease of the genital organs may be divided into two great classes. First, those who have indulged their sensual apetites and passions. Second, those who have, "sacrificing the flesh,"

led a chaste life. With shame, let it be confessed, that in males this class is greatly in the minority, as every physician must testify, but they *do* exist, the assertions of some authorities to the contrary notwithstanding.

The first class may again be subdivided into, first, a class who live only to satisfy the base desires of sensuality, and second, a class who have erred, but at the same time felt the sting of a reproving conscience. I have seen representatives of all these classes, and watched the peculiar mental manifestations in each.

In the first place, what do we observe in the class who are "steeped in sensuality"—those who by their immoral acts have sunk below the level of common humanity? Even in this class the sense of shame is not entirely lost in all. I remember seeing a poor, degraded woman, from one of the disorderly houses of the city, brought before a class of students at the city hospital. Her life had been completely given up to shame and disgrace. Tertiary syphilitic lesions infested every particle of the tissues of her polluted body. The face was deformed and the features distorted. When the nurse was requested to expose her so that the lesions of the different parts of the body might be seen, she actually broke down into tears. Through all her shame and disgrace a spark of modesty remained. I could not help thinking that possibly the proper advice at the proper time to quit this woman's distracted mental condition might have saved her to a better fate. What a tremendous responsibility rests upon the medical profession as to their attitude toward their patients! But while it is a question for the moralists to decide whether any man is "wholly bad," others of this class are so low in the scale of human existence that they seem to have lost every sense of duty to themselves or to those around them—indeed, here is found the dire culmination of the mental element which had its origin through the mistake so often made of directing the treatment to the *body* alone. In some of these cases, disease of the genital organs has lost its dread. They now think of nothing but satisfying their hellish passions, They gloat over their misdoings, with fiendish glee. Not only are they dangerous to themselves, but society is jeopardized. There is no longer "power of mind over matter," for the mind has been dethroned and gross sensuality rushes forward with all its hideous and appalling atributes. Admiration for the beautiful is lost to them, virtue is a myth, and the sacredness of the home cannot be appreciated. In the male, rape and the gallows is a possible termination; in the female, it is the shrine of hell through the open doors of which many a noble youth is hurled to destruction.

These cases are intractable. Possibly confinement and systematic training may partially rebuild the shattered mind, but the prognosis is unfavorable in the extreme, inasmuch as there is an absence of that mutual endeavor to attain the same end which is necessary in the successful treatment of any malady,

In the second subdivision of the first class are found the great majority of those having affections of the genital organs. This class embraces those who through the propelling influences of an intense passion, the crooked environments of an evil association, or a distracting but injudicious love commit those sexual sins which result in disease, specific or otherwise. The mental element is very prominent in these cases. These patients are usually young people with sensitive minds. Sentiment occupies a prominent place in their beings. Such a one develops some sexual malady after having illegitimate associations. To them it seems like a retribution, coming so quickly after the indulgence in improper pleasures. Remorse is keen and unrelenting. In these cases there is a tendency to make a retrospection of their lives and compare their present unenviable condition to what they once were, or what they would be even now, but for the luckless termination of their willful waywardness. In addition to this there is a morbid dread of exposure. So anxious are they to keep the true state of affairs concealed that they sometimes excite the suspicions of their associates by their singular actions. Patients of this class have told me that they actually felt like their friends could see the shame and remorse within depicted upon their countenances. While it is true that the physician, by constantly making a study of humanity, can often be able to reach conclusions approximately correct by the countenance and actions of his patients, luckily for the afflicted, the world does not scrutinize so closely. These patients are constantly inspecting the parts affected and their minds are rarely diverted from the disease. Many a profligate drunkard began to imbibe here in order to blunt his sensibilities; many a prostitute started on the downward way at this point in order to forget, while in the bosom of evil companions, their miserable condition of the mind. The physician, therefore, in these cases, should minister to the mind as well as the body. Here may be the turning point in some young life, and it is hard to over-estimate the responsibility the medical adviser takes upon himself. Give these patients some good sound sensible advise. Show to them that their cases are by no means hopeless. Show them the folly of such a life—it is your duty—but at the same time convince them that if they will begin anew *now* that they may be useful men and women. Impress upon them the necessity of taking treatment with regularity until a cure is effected. Show them that you are their friend and that you are personally interested in them, and you will have done your duty.

The class, however, that puts the physician to his wits end is made up of those who have disease of the genital organs but have led a virtuous life. Having never led a "fast life" they are absolutely unable to account for the origin of the trouble. It may be that there is a cluster of herpetic vesicles, a patch of venereal warts, or a simple halanitis, but in nearly every instance they come to the physician and inform him that they are

the victims of some dire disease, such as they conceive Gonorrhœa or Syphilis to be. Strange to say, there are many people who are not aware of the fact that there can be any affection of the genital organs that is not associated in some way with the lewdness of the individual, so it is easy to understand what a distracted mental condition would naturally supervene in sensitive persons with such erroneous ideas.

If the patient happens to be a boy who has masturbated, (and the majority of these cases are seen in boys and young men,) he at once jumps to the conclusion that the disease is the result. But there are many who can asign no cause. In fact, it would almost, it seems, be a relief to some of these patients if they knew they had been guilty of some indiscretion, for then they would be able to establish the relation between cause and effect. They eagerly read the flaming advertisements of the "eminent specialist," and readily part with their money for the numerous "specifics," for it is said that "the fool and his money are soon parted." While these simple lesions are of but minor importance within themselves, yet the detrimental effect on the mind of the patient is so profound that the matter demands our most careful and painstaking consideration. I have seen bright boys suddenly lose interest in their studies, while various other disturbances were induced by this mental condition. There is anorexia, indigestion, headache, complete mental apathy. At last they consult a physician, and when they are assured that they have no serious trouble, and that every man and every woman, it matters not how chaste and pure they may be, are liable to have these simple affections of the genitals, a new light is seen in their eyes and a tremendous load is thrown from their lives at once. The anorexia quickly disappears, the digestion is perfect, the intellect unfettered and free. We *must treat the minds of these patients.* It is well known to the profession that periodical emissions are physiological in the healthy, continent man, but not infrequently we are called upon by some sturdy young fellow who gravely informs us that he has spermatorrhœa. He has learned the name from some quack advertisement, and probably the "specialist" has already "bled" him. Tell him that it is a physiological condition. Instruct him to observe regular habits, avoid stimulants and late suppers. Inform him that if he does have an occasional emission that no harm can possibly come of it, and send him away happy.

In treating these cases, don't act in a mysterious way, but go straight forward and talk to the patient in a plain, common-sense manner. Avoid, if possible, the use of what appears to the patient to be strange looking, complicated instruments and apparatus. It is natural to him to measure the seriousness of his disease by the complexity of the treatment that you use to combat it. Inspire him with confidence. Speak to him honestly and cause him to believe that you know whereof you speak. Observe

these things and you not only make a friend, but possibly save a bright mind from the black slums of oblivion.

Operation for Hæmorrhoids and Fistula in Ano.

By J. C. Luke, M. D., Ocilla, Ga.

Reported for this Journal.]

On the 1st of March, 1894, Mr. M. C. called at my office complaining of being badly troubled with piles. I made an examination and found that he was correct in his diagnosis of the trouble.

He stated that he had been troubled at times for ten or fifteen years, but not so badly until of late years. He was now unable to do any work and at times, when standing up, his piles would break loose to bleeding, and continue for some time, and he would lose several ounces of blood each time they would get in this condition. On one occasion, while at preaching, his clothing became badly soiled with blood.

I found several large tumors when I passed my finger into the rectum, and also found that he had a fistulous sinus extending from above the internal sphincter out posteriorly and opening an inch to the right of the coxcyx.

He had consulted several physicians about his trouble, and some would give palliative treatment for his piles and others tell him that nothing could be done, they not making any examination.

I advised an operation, which was consented to, if I could operate without the use of chloroform or ether, as he had been told that he had some heart trouble and was afraid of chloroform. So I decided I would try cocaine, which he agreed to. * * * *

On the morning of March 20th, after having him take a bath on the night before, and a purgative dose of salts at bed-time, followed with the enema, I made the operation as follows:

Shaved the parts well and washed in strong bichloride solution, then injected well a four per cent solution of cocaine into each tumor and around the anus. Soon the parts were in condition to proceed, and I grasped each tumor with a pair of forceps and removed them with very little pain, removing five hæmorrhoidal tumors from as large as the end of my thumb down to the size of a bean. There was some bleeding which I controlled with the forceps until ready to dress the wounds. My dressing was simply a piece of iodoform gauze placed well up the bowel and left there for three days, after which he needed no further attention. I left the fistula until this was healed, and he felt so much better that he came near not letting the fistula be operated on. But on the morning of the 20th of July I made the operation for the fistula, insisting until he let me use ether as an anesthetic.

I did the entire operation without any assistant, save his father who handed me sponges when needed. When I had him well under the influence of the ether, I passed a grooved sound through the fistulous tract up into the bowels and split the entire length of the fistula, opening it into the bowel and out at anus. After which I had a very profuse hæmorrhage, but controlled it with pressure and hot water. After which I packed the wound with a boric acid gauze and used a dusting powder of same, and I left him in bed to call the next day, and when I returned he was setting out in the porch reading, and said he felt finely. I left the same dressing in for three days, and when removed had him move bowels with enema, found wound O. K. Repacked with gauze and left him some boric acid to use as a dusting powder, and he made an uninterrupted recovery, with no trouble at all, and is now perfectly well and doing his own work on a farm.

A Case of Tuberculosis of the Fauces.

By Horace Clark, M. D., Buffalo, N. Y.

Reported Expressly for this Journal.]

This case is reported both on account of its extreme rarity, and, in this instance, of the signal result of treatment.

A gentleman, 35 years old, came to me in October, 1892, with a diagnosis of specific ulceration of the soft palate. He denied any knowledge of syphilis, but as he had been in the hands of a specialist, he took it for granted that his disease must be of that nature, and had submitted to specific treatment for many months. The symptoms which he complained of had steadily grown worse. These were notably, general soreness and stiffness at the upper and back part of the mouth. When food was taken, one place in this region, which could be touched with the tip of the tongue, became very sore. At times deglutition was painful, and there was frequent annoyance from particles of food which found their way into the naso-pharynx. There was slight cough, but the patient related this rather more to an effort to free the upper part of his throat from secretion than to any irritation in the larynx or lungs. He had been gradually losing flesh and strength; and, in answer to my question, admitted a flushed feeling in the afternoon.

There was a superficial ulceration just above and to the left of the uvula. This ulceration was irregular in outline, with a greatest diameter of about half an inch. The margin was but slightly raised; indeed, there was no well defined margin at certain points of contour. There was no bright-red areola. The surface was covered with a thick, tenaceous, greyish mucous, which, when wiped away, left a base covered with small elevations, with here and there what seemed to be a small, independent ulcerated area. The surrounding tissue to a variable extent was slightly tumefied, more

particularly to the left and above. This tumefaction presented upon its surface a few white, "pin-point" spots. On the right, above and behind the posterior pillar of the fauces, there was another similar ulceration of about one-third the size. Just to one side of it was a nodule rising about one-sixteenth of an inch above the surface, with a transverse section at its base of twice this measurement. The large ulceration was of over a year's duration. The patient was ignorant of the existence of the smaller one. In general the mucous membrane of the mouth and throat was pale.

In the lungs there was slight consolidation in the right apex, as evidenced by dulness and the whispered voice. A few fine, moist rales in this region were brought out after coughing.

Here, then, was ulceration opposite in every feature to that of specific disease. The involvement of the lungs added strength to the diagnosis; but on account of the rarity of the case Doctor Bergtold was asked to make an examination of some of scrapings mixed with the secretion from the ulcerations. He reported the presence of tubercle bacilli.

Treatment consisted in general advice and in curetting the large ulceration, after which an 80 per cent. solution of lactic acid was thoroughly rubbed in. (I purposely omitted to curette the smaller ulceration. As stated, the patient had not been aware of its presence, and hoping to have him under observation for some time, I wished to watch the progress of the process.) A physician in a neighboring town, where the patient was staying temporarily, was directed to make daily application of a 20 per cent. solution of lactic acid, without cocaine, the strength of the solution to be increased as the consequent smarting diminished. Within ten days an 80 per cent. solution was borne without discomfort. Three weeks after the initial operation I was desired to treat the smaller ulceration in the same way, as the larger one had ceased to give any further trouble, and the patient proposed to return to the west.

A year later I saw the gentleman again. He had been at work on a farm, acting upon my advice somewhat to that effect. His general health was entirely recovered, and he had had no annoyance from the lesions in the mouth until about a month previous to this visit. Examination showed a nodule the size of a small pea, ready to break down, at the centre of the part where the tumefaction had been greatest before, and where the miliary tubercles had been thickest. There was a diffuse reddened area extending upwards upon the soft palate, triangular in shape with the base at the tubercle. Scar tissue occupied the place of the original ulcerated areas, but the tubercle mentioned as being near the smaller, had broken down. The curette was again liberally used and the application of lactic acid continued as before, that is, until an 80 per cent. solution could be borne without objection.

Examination showed that the activity of the disease in the lungs had been interrupted.

The patient has reported twice within the past year, the last time only a few weeks ago, and declares that he is cured.

Benign Tumors of the Larynx--Report of a Case.

By Dunbar Roy, A. B., M. D., Professor of Ophthalmology and Otology in Southern Medical College, Atlanta, Ga.

Written Expressly for this Journal.

According to my observation tumors of the larynx, whether benign or malignant, are by no means so common in America as they are in European countries. Whether this be due to external influences, habits of living, or to some racial peculiarity, I am unable to say, but these observations of mine are in accord with those of other writers upon this subject. The importance of any disease is never more forcibly impressed upon the public than when it has attacked some potentate or person of eminence, hence it is that since the time when the Emperor of Germany fell victim to the ravages of an endo-laryngeal neoplasm, laymen and physicians have viewed with awe and gloomy prognostications the final outcome of any laryngeal growth.

Long before Manuel Garcia gave to the world the now invaluable laryngoscope, tumors o the larynx were diagnosed by palpation and auscultation. Morrel McKenzie tells us that Koderik operated successfully upon a growth through the mouth about the year 1750, it being perhaps the first authentic case on record. From that time on various uncertain cases were reported, but it was not until 1850 that Ehrman published in Strasburg his celebrated treatise on that subject, with a report of thirty-one cases.

In 1852 a still further addition to the list was made by Dr. Horace Green, of New York, who reported fifty-two cases, among which two had occurred in his own practice.

While the report of these cases had all been of interest, yet they had been mostly found on post mortem examinations. On the invention of the laryngoscope a new impetus was given to the subject, and soon the list was augmented by the report of additional cases.

In 1866, among the very first was a monograph by Dr. Elsberg, of Philadelphia, in which he reviewed the subject and reported thirteen cases of his own.

From this time forward cases were reported especially by Morrel McKenzie, of London, Stoerk and Schnitzler, of Vienna, Oertel, of Munich, while in 1876, Fauvel, of Paris, reported three hundred cases, with two hundred and twenty operations. Fauvel was among the first to introduce instruments for the successful removal of these growths through the mouth.

An excellent work was published by Dr. Paul Bruns, in 1878, on the relative merits of endo-laryngeal treatment and thyrotomy. Since that time

innumerable cases have been reported, until now they are no longer looked upon as a rarity.

One case occurring in my private practice is of interest enough to allow some practical points to be deduced.

H. M., German, age 25, baker, presented himself at my office on account of hoarseness which was gradually increasing. On simple inspection the patient is strong and healthy looking, and gives no external signs of disease. Says that he has always enjoyed good health, the only trouble being with his throat, with which he has suffered for the last two years. He suffers a great deal with colds, at which time his throat trouble is much more irritating. He has been hoarse now for two years, but beyond that there is no other uncomfortable symptom. His breathing is never interfered with. No trouble was experienced in getting a good laryngoscopic picture. Anteriorly on the free and lower border of the left vocal chord, there could be seen a little polypoid mass about 6 mm. broad. It was not pedunculated, a portion of it protruding above the vocal chords on attempted phonation. With a probe the mass was found to be freely movable and bled but slightly from such manipulations. A diagnosis of papilloma was made clinically, which was afterwards confirmed by the microscope The vocal bands and sides of the ventricles were partly covered with a thick dirty secretion. The mucous membrane appeared atrophic, and this condition extended up the pharyngeal wall into the nasal cavity.

On examining the nose a marked case of atrophic rhinitis was seen, with large flakes of dirty yellowish secretion clinging to its walls. It was very evident that this secretion was exaggerating the condition which already existed in the larynx. As a laryngeal image could be perfectly obtained there was no necessity for training the parts in order to carry out the instrumental manipulations which were to follow. The tumor was removed without much difficulty with a pair of laryngeal cutting forceps. At the point of removal the chord was very much thickened and parts of its basal attachment remained. These latter I removed with astringent applications of chloride of zinc and the electro-cautery. From this time on the voice was much clearer and louder, the only trouble being a slight degree of hoarseness in the morning due to the cloggiug up of the larynx during the night with the sticky atrophic secretion.

Tumors of the larynx are divided like tumors in other portions of the human economy into (1) Benign; (2) Malignant. Fortunately for the human race, the latter class is very rare, and since the case reported comes under the head benign my few remarks will be confined to that class. As to the cause of these benign growths, many writers differ. Sir Morrel McKenzie holds that chronic congestion of the laryngeal mucous membrane is the most prolific cause of these growths, and since a catarrhal condition of the nose and throat is a leading factor in this chronic con gastion, it must be looked upon as a most decided predisposing cause.

In like manner many writers hold that a chronic catarrh of the nasal mucous membrane is the main causal factor in producing the different growths in that locality, such as polypi, fibrous excresences, exostosis, &c., and some of them go so far as to say that it is the only cause.

Lennox Browne is another writer who believes in local irritation as the exciting cause. He quotes McKenzie as saying that diathetic conditions as syphilis, tubercles, &c., "exercise a decidedly antagonistic influence to the development of new formations," which Browne strenuously denies, and cites several cases as sustaining him in these views.

Cohen believes that the exanthemata, such as variola, scarlatina, &c., through the catarrhal condition which they occasion upon the respiratory mucous membrane are frequently exciting causes.

McKenzie says that the professional use of the voice is one of the circumstances favorable to the development of these growths, and says that 21 per cent. of his patients, old enough to have an occupation, were subject to this influence. Strange to say, in this statement there is a unanimity between him and Lennox Browne, both of whom have had large opportunities for examining the throats of professional vocalists.

As to the age in which these growths most frequently appear there is, as usual, a diversity of opinion. Dr. Tobald, in his article "*Die Chronischen Kehlkopfskrankheiten*," (the chronic laryngeal affections) says that the affection is most common in middle life, from the thirtieth to the sixtieth year, and that laryngeal polypi are least frequently seen in children. Dr. Causit, on the other hand, believes that they most frequently occur in early infancy, and goes so far as to say that the disease very often is congenital.

Dr. Arthur Edis has reported a case in the Transactions Obstetrical Society, United Kingdom, of a child who died from suffocation thirty-seven hours after birth, and a cyst about the size of a hazel nut was found in the larynx.

McKenzie, from the statistics of cases treated by himself, concludes that the most favorable time of life is between the ages of 25 and 50. Dr. Bruns has reported a case of a tumor, a patient seventy-four years old, while Rosenbach has reported 86 operations for laryngeal polypi, the youngest being 4½ years old, the oldest between 60 and 70.

Benign tumors of the larynx are divided by most writers into the following classification :

1. Papillomata.
2. Fibromata.
3. Mixomata.
4. Cystic tumors.
5. Angiomata.
6. Lipomata.

Of these the papillomata constitute by far the most frequent, and such was the character of the neoplasm reported by me.

McKenzie says: "In my one hundred tabulated cases, sixty-seven were judged to be of this character."

It would be impossible for me in this short article to go into the clinical characteristics of all the benign neoplasms, but since the case reported above concerned only a papilloma, my remarks will be confined in the main to this class, both in regard to symptoms and treatment.

Papillomata of the larynx may be either sessile or pedunculated, and while they usually occur singly they may yet be multiple in their growth. They are usually small, and are by no means limited to one special position, although Lennox Brown says that they occur most frequently in the anterior portion of the vocal chords, and on the right more frequently than on the left. They are usually of a pinkish color and according to Browne they do not bleed easily when touched with a probe, which is one of their diagnostic points. The symptoms to which they give rise depend largely upon their size and position in the larynx. For instance, growths upon the epiglottis will occasion some discomfort upon deglutition, while those upon the vocal chords will have aphonia as their most prominent symptom. As a universal rule aphonia is perhaps the most prominent symptom since the vocal bands are more often the seat of origin for these growths than any other point in the larynx. Another noticable fact, which has been mentioned by various writers, is that a small growth is more apt to produce aphonia than a large one, since these latter sometimes take the place of a true vocal chord in the patient's effort to articulate.

In the patient referred to hoarseness was one of the prominent symptoms, and in fact the only one. He had been treated with all the remedies known to the materia medica for its relief, both by internal administration and by inhalations, with of course no beneficial results. And right here I would like to call attention to the fact that general practitioners are not as familiar with the use of the laryngoscope as they should be—a knowledge which requires but a small outlay for the necessary instruments, and but very little practice for the proper manipulation of the same.

Cases other than mine have been frequently reported where hoarseness and the other symptoms of chronic laryngitis have been treated for years with the ordinary remedies, to be relieved finally only by the removal of a laryngeal growth which was found to exist.

The treatment of papilloma is their removal as thoroughly as possible. I say possible, meaning, of course, their removal through the mouth, for whenever they are so large as to render it impossible to remove them iu this manner then their size will probably soon demand a laryngotomy. These neoplasms, not being primarily malignant, are injurious mainly in their interference with phonation and the chances of their becoming so

large as to interfere with respiration. When not excessively large their removal through the mouth is usually not very difficult, yet this operation, like many others, requires considerable dexterity on the part of the operator. Various instruments have been devised for the removal of these growths in the way of cutting forceps, laryngeal knives, snares, etc., but I have found that the most satisfactory instrument is the Gibb's laryngeal ecraseur, which is here shown you.

I believe with Lennox Browne, that every instrument capable of doing injury to the larynx should be thoroughly guarded. The cold wire snare is the least dangerous to the parts, and when rightly manipulated most satisfactory in its results. Cutting forceps, as a rule, only remove a small portion of the growth at a time, and that usually with a good deal of pulling and tearing, and with much discomfort to the patient. Prof. Stoerk's cutting instruments are, of course, free from these objectional features.

Dr. McCoy, of Philadelphia, extols the destruction of these growths with the galvano-cautery, but any one who has ever tried to use a cautery point in the larynx knows how apt this organ is to contract at the wrong moment, and in this way receive irreparable injury. In the majority of cases, even with the use of cocaine, the patient must be trained for a week or two before he or she will endure instrumental manipulations in the larynx. Some laryngologists use strong chemical caustice to destroy these neoplasms, but such procedures are obsolete and entirely too tedious if such are large enough to be grasped by instruments.

The question has been often asked whether the benign growths are not apt to be transferred into those of a malignant type especially if there is instrumental interference? In answer to this question I can do no better than to quote the ideas of the late Sir Morrel McKenzie on this point. He says that beyond the recurrence of the neoplasm at the point of removal, he knows in his own experience of no case which has subsequently taken on a malignant type from laryngeal irritation. In the literature upon the subject he knows of but three authentically reported cases. Hence to sum up in a few words the main points brought forward in this article:

1. Neoplasms of the larynx are either (*a*) Benign or (*b*) Malignant.
2. Of the benign growths papillomata are by far the most frequent, and as a rule occur between the ages of twenty-five and fifty.
3. The main symptoms are (*a*) Aphonia, (*b*) Dysphagia, (*c*) Dyspnœa.
4. The best treatment is their removal whenever possible.
5. The best authorities agree that a transformation into the malignant type from instrumental interference does not occur.

THE GRAND.

The Significance of Inflammation.

By Alward White, M. D., El Paso, Texas.

Written for this Journal.

The phenomena of inflammation admit of two interpretations, either they are essentially pathologic or they are conservative, (using the term in its best sense,) *i. e.*, they constitute nature's means and methods of protecting the organism from the assaults of foes in the environment, and of repairing the injuries sustained by the tissues therefrom. If we accept the former view it is manifest that we will best subserve the welfare of the subject of an attack of inflammation by the use of all known means for the arrest and prevention of the process; on the other hand, if we conclude to accept the latter interpretation of the symptoms, that it is a conservative process, that its true significance is that the protective and defensive forces of the system are being rapidly concentrated at the point of attack in response to a cry that has gone up for help, and that the "rubor, the dolor, the tumor, and the calor," are, so far as they are part of the inflammatory process, salutary, then to actively combat them would certainly not be rational, and we would be limited in our efforts to means calculated to subserve, facilitate and promote the very processes which, from the other standpoint, it was our plain duty to oppose.

The consensus of medical opinion in the past, and largely up to the present time, is to regard inflammation as a morbid process, a something to be combatted. No system of surgery but contains an exhaustive article on inflammation and *its treatment.* No work on morbid anatomy or pathology would be considered complete with this theme omitted.

The nomenclature of disease is largely based upon the theory that inflammation is essentially a morbid process. Witness the long array of ITIS, from appendicitis to vulvitis, and note the implication involved. *There is* a great deal in a name, high authority to the contrary notwithstanding. The tendency of the ordinary medical mind is to construe things literally; hence given the case of a man suffering from disease that has been diagnosed as cystitis or pharyngitis, and straightway in the mind of his medical attendant that particular *itis* constitutes the foe, the entity of the disease, the thing against which all his efforts should be directed. Had the case been differently stated, had it in the one instance been called vesical calculus, in the other a tobacco throat, the chances are infinite that it would have occurred to the mind of the medical attendant to remove the stone from the bladder, or direct the sufferer to quit the use of tobacco.

Hence it is obvious that the importance of determining precisely the nature of the inflammatory process cannot be over-rated. To illustrate this let us suppose a child's throat infected with the bacilli of diphtheria. In the ordinary course of events the characteristic exudation may be expected to appear within forty-eight hours. This exudation is a direct

sequence, a product, if you please, of the inflammation which preceded it, and which we are taught to believe is in its turn caused by infection of the tissues with the Klebs-Loffler bacillus. Now then, should our efforts in this early stage of the disease be directed to the prevention of the exudation, granting that we possessed the means, or should we rather do all in our power to facilitate its formation?

We know that immediately upon the appearance of the false membrane in the pharynx the temperature falls, may become normal; that the subsequent course of the disease in *favorable cases* is not marked by the high temperature, or grave systemic disturbance, that characterized the initial stage. Do these phenomena signify that the preliminary conflict between the invading bacilli and the tissues was waged previous to the appearance of the exudation? That the symptoms then apparent were the evidence thereof? That the exudation and the marked subsidence of the febrile symptoms following its appearance indicate that in this first encounter with the foe, the tissues have been victorious and have imprisoned the bacilli in the meshes of the exudation preparatory to their final extrusion when the exudation is thrown off?

Again, we are called to see a patient with acute pleurisy. In the natural course of the disease we expect an effusion into the pleural sac, whereupon the acute pain will subside, fever will abate, convalescence will set in, gradually the fluid will be absorbed, and the patient will finally get well. Would it be good practice, if we possessed the means, to absolutely inhibit the inflammatory process at the stage in which we first found it? As Shylock says: "I'll not answer this," lest in so doing I expose myself to the ridicule of that large class of practitioners who *cure* their patients, who argue "*port hoc ergo propter hoc*" if the patient survives the remedy, but are wisely silent if the reverse occurs.

I submit I don't know what would occur in such a case, if we possessed and applied the means to cut short off and absolutely inhibit the inflammatory phenomena which follow close upon the injury done the tissues by the exciting cause of the disease. It does not matter whether the cause were a transient, or an abiding one; whether it was exposure to cold and damp, or was traumatic, I can't conceive what would become of *it* and *its* effects, if following the advice of a distinguished metropolitan pathologist, in a late study of inflammation: "We succeeded in preventing "determination of blood to the part, prevented obstruction in the capillaries "and maintained unimpaired the activity of the lymphatics;" and I can but think that it is fortunate for mankind that the means for fulfilling the above indications are yet undiscovered.

We are all so familiar with the story of what occurs in the web of a frog's foot, or the wing of a bat, when an irritant is applied, that to rehearse it here is not worth while. What it is worth our while to consider is, whether the congestion, the stasis, the emigration of leucocytes, the diape-

disis, and the exudation which follow, are the direct consequences of the irritant; whether they evidence the fact that the functional capacity of the part has been so impaired in consequence of injury done the capillaries, or the vaso motor nerves, that the former no longer functionate properly, and that the phenomena which we witness are proof of such impairment and may justly be considered as the direct result of the irritant; *or* whether what we see is to be construed as an act of the vital forces of the part, defensive, offensive and reparative; au active and intelligent effort in the first place to repel and resist the assaults of a foe in the environment, and in the second place to repair the damage which the tissues have sustained from the assault?

There is nothing new in this latter view. Hunter, far back in the eighteenth century, declared inflammation to be a "salutary process. Payne, in his work on pathology, says: "Directly an injury takes place "processes are set up which end in repair. If all the processes which "arise out of the injury are considered as leading to this result then in-"flammation must be regarded as essentially a conservative process, * * "* * and this is actually the light in which it is regarded by some "pathologists."

Payne himself, however, does not agree with this view of the subject He considers the phenomena pathologic. Sutton defines inflammation to be, "the method by which an organism attempts to render inert noxious elements introduced from without, or arising within it." Prof. Senn, in his "Principles of Surgery," says: "Inflammation *per se* is no disease, but "an effort on the part of the organism, and the tissues affected, to eliminate "or render harmless the primary cause." Prof. Porter, of New York, in an article published only a few weeks ago, upon the subject of inflammation, says: "It is natures great method of repair." And here we have a striking illustration of the conservatism, if you please to call it so, of medical thought, of the truth of what Tennyson says, "that knowledge comes, but wisdom lingers."

Senn, in the face of his statement that inflammation is not a disease, says, when speaking of the phenomena of inflammation, that the alteration in the capillary walls that allows the escape of the leucocytes "is due to a well defined circumscribed defect," thus committing himself to the pathologic theory, so far, at least, as this particular phenomenon is concerned, and Prof. Porter's inconsistency is, it seems to me, carried to the extreme when he says, "these *physiological* phenomena teach in relation to treat-"ment, that every known method should be exerted to diminish the pri-"mary determination of blood to the part, every effort made to free the "obstruction in the capillaries and to promote the activity of the lym-"phatics." In other words, he advises that you leave no stone unturned in your effort to thwart "nature's great method of repair."

No conception of a living organism is complete that does not con-

template its being provided with means of defense against the attack of foes in the environment; it is not sufficient that it be simply endowed with those functions which in their ensemble constitute life, it must possess the former attributes as well. All nature is at war, the diseases to which flesh is heir are the foes against which we have to contend. The healthy individual is one who has no weak spot in his armor, who occupies a position of armed neutrality, whose means of defense are such that he can successfully resist and repel the attacks, either open or insiduous of his enemies.

From the attacks of others of our own species, and all the rest of visible creation, nature has provided us with ample means of defence. Is it not then reasonable to suppose that we should likewise be endowed with means to resist the encroachments of an enemy none the less dangerous because inappreciable by our unassisted senses? In the grosser forms of solution of continuity, as in the fracture of a bone, we recognize as conservative and aim to facilitate the processes set up by the organism for the repair of the injury, and do not regard as pathologic the phenomena which ensue. Why should we then, simply because the lesion is less gross, because it requires the aid of a magnifying lens to discern the infract, or its cause, assume that the reaction which we witness is the reverse in its tendencies of that which occurs in the case of the broken bone? A cinder, or a particle of sand, lodges upon the membrance that covers the eye, acute pain follows, the closed eye lids refuse to expose the irritated organ to the light, the blood vessels become distended, tortuous and red, a flood of tears pours over the ball, the offending body is washed away, and gradually the parts regain their normal condition and appearance, and the organ resumes its functions; or the foreign body is so firmly impacted in the tissues that it does not become dislodged by the flow of tears, in which case the inflammatory process proceeds to the stage of suppuration, the tissues in which the foreign body is impacted necrose, and along with the foreign body are extruded, whereupon the inflammatory symptoms subside, and to a degree at least the injuries which the organ has sustained are repaired.

Intelligent observation of the foregoing phenomena can lead to but one conclusion, that from start to finish they have been conservative, and the inference is fully warranted that what we have witnessed is a fair picture of what occurs in the case of inflammation of any other organ or tissue, with only such modifications as differences of structure and difference in the character of the irritant imply. Can the stoutest advocate of the doctrine that inflammation is pathologic find any comfort there. Can its most ardent supporter find any indication there to warrant the adoption of measures to diminish the primary determination of blood to the part, to free the obstruction in the capillaries, and promote the activity of the lymphatics? Is is not patent that the indications for treatment all point

to the facilitation of the manifest effort on the part of the vital forces of the organ, first to wash the offending substance away by a flow of tears, and failing in that, to throw out an exudation, that shall serve as a barrier between the sound tissues, and those injured unto death by the irritant, and which, together with the irritant, will then be extruded, and a process in stituted for final repair of the damages.

If our position is correct in the foregoing instance, what warrant have we for pursuing a different course of treatment simply because instead of a conjunctivitis we are dealing with a pneumon*itis*, a pleur*itis*, or a peritonitis? Should the fact that the organ involved is hid from view, or that the exciting cause of the disease, though none the less an entity, is unknown or microscopic in size, justify us in a procedure the opposite of that which our unassisted vision has shown us to be so effective in the case of the inflamed eye.

In conclusion, lest I be accused of dealing with a trite subject, I beg the reader who may be so inclined to think, to pause for a moment, to imagine himself confronted with a case of nephritis, to scan the mental picture that he forms of the diseased kidney, to write his prescription, and then to ask himself whether the picture of the disease which he has framed in his mind represents the entity of the disease and its direct consequences, or whether it merely represents the results of the inflammatory process which have followed close upon the injury, then let him look at his prescription and ask himself whether the remedy therein contained is directed against the inflammation, or against the irritant whose presence excited it.

Dietetic and Therapeutic Value of Alcohol.

By C. N. Newman, M. D., Normandy, Tenn.

As alcohol, in one form or another, is continually prescribed by the medical profession, in this day of scientific research it is right and proper that its claims to so high a place among the dietetic and therapeutic agencies should be carefully scrutinized. I say dietetic and therapeutic, because it has suited the purposes of its advocates to make for it this dual claim.

It is my purpose in the following paper to discuss a part of these two phases of alcohol purely from a scientific, medical stand-point.

Articles of diet are of use, first, for the available nutritive elements they contain which are capable of administering to the growth or repair of the tissues; second, for the elements capable of oxidation and combustion, the end of which is heat and force. A simple classification, though scarcely an accurate one, brings the first under the head of albuminoids or nitrogenous substances; the second the carbonaceous substances. These, with the various salts, together with water, which is everywhere essential

to the circulatory and esmotic currents, form the necessary agents to keep up the vital processes.

As alcohol is destitute of the elements of structure-building foods, nor in its "breaking up" any combinations capable of being transformed into them, and especially being minus the elements *nitrogen*, without which the analytic chemist tell us tissue-building and repair is impossible, it has by common consent been excluded from the first class.

Now, it is a well-known fact that alcohol in the system, by diminishing nerve sensibility, and by its union with the hæmoglobin, retards molecular change and hinders excretory elimination. This formed the nucleus for Hammond's hypothesis that alcohol was an "*indirect food*;" that by checking the unnecessary waste to any given amount it was to that extent an *indirect food*, and equal in value to the same amount taken into the stomach. In this we can not admit his reasoning.

Life itself depends upon the integrity of both constructive and destructive metamorphosis with constant supply and elimination of waste; and by checking what might be considered unnecessary waste you at the same time close the avenues of escape against those substances which are purely effete, and their further retention is not only useless, but hurtful, because when not eliminated at the proper time they retrograde into a low type of fatty tissue and are re-deposited, thus displacing normal fibre as is seen in those addicted to its habitual use.

As "alcohol readily unites with oxygen to form carbonic acid and water with evolution of heat, and belonging chemically to that class known as hydro-carbons," which are, for the most part, used for fuel for sustaining respiration and animal heat, Liebig and his followers placed it in the list of "respiratory foods," and it at once took rank in the foreground as a heat-producing and force-giving agent. This theory, from it simple plausibility, held "high carnival" for years. But the pick-axes of investigation have crumbled the foundation of this hypothesis and exposed the sand upon which it rests, because direct experimentations have repeatedly shown that a large per cent. of the alcohol taken in a given time can be re-collected from the breath, skin, and various excrements which the body has eliminated from its precincts *unchanged* and *unaltered*.

But as there is a small per cent., possibly less than one-fifth of the amount taken, that can not be accounted for in a given time, the advocates of the food value of alcohol claim that it is only the excess that is thrown off, and that the residue is decomposed, furnishing the body its heat and force. But here the evidence is only *negative*, and rests *alone* on the fact that it has not been otherwise satisfactorily accounted for. There is, however, strong proof that this residue is yet in the body in mere *mechanical union* with the tissues, and especially the liver, brain, and nervous system, for which it manifests an especial predilection, as alcohol has been

ound in these organs in animals poisoned with it, and that long after it could be detected in the breath or excrements.

However, this supposition that the unaccounted-for residue is decomposed and furnishes heat and force is set at naught by some well ascertained facts. In all of the catalogue of these so-called respiratory foods, such as starch, sugar, fats, etc., a comparative test can be made, and the value of any one of them approximately ascertained. After their administration, the exhalation of carbonic acid gas from the lungs is increased, the temperature of the body raised, and all of the forces exhilarated, and the cargo from the various emunctories answer honestly and intelligently to the legitimate refuse.

But, trying alcohol by the same logic, we find that during its presence in the system there is an actual reduction of temperature, a diminution of the amount of carbonic-acid gas exhaled from the lungs; instead of the bodily forces being exhilarated, they show a corresponding depression, and that in direct proportion to the amount of alcohol taken. There is not a scintilla of evidence that any of it is ever decomposed while in the body, as none of its derivatives—such as *aldehyde*, *acetic acid*, *etc.*—the legitimate products of its decomposition, can be found.

We now come to consider the value of alcohol as a therapeutic agent. There is not a disease or condition known to the medical profession in which it has not been prescribed with more or less *accredited* benefit. It is generally prescribed empirically and without considering its physiological action, or having any well-defined indications calling for its use. The average therapeutist attributes to it greater latitude of adaptation than to any other substance in the materia medica. It is either *stimulant* or *sedative* at his command. It is the remedy alike for *vigilance* as well as *somnolence*. In it all of the differences between the most opposite extremes are harmonized. It has been flaunted as a stomachic tonic ever since, and possibly long before, Paul's injunction to Timothy to take a little wine for his dyspeptic condition, notwithstanding, when sufficiently concentrated to impress the stomach, it precipitates the pepsin, and thereby retards and hinders digestion, and, if long continued, is a source of gastric catarrh. It has from time immemorial been the remedy *par excellence* in the treatment of poison by the bite of venomous reptiles, but we think under a mistaken idea of its physiological action. Authors seem to be well agreed that an essential part of the treatment of snake bites is *alcoholic stimulations*, and will then advise you to give the alcohol in such large doses that it at once oversteps the bounds of stimulation and rapidly produces a sedative or anæsthetic effect, and herein we think its virtue lies.

Alcohol, in the proper sense of the word, is not a *stimulant*, but an *anæsthetic*, and should be classed in the physician's mind along with the

other anæsthetics, from which it differs principally in the tardiness of its action, and the greater duration of the narcotic stage.

Just as the dangerous shock from the surgeon's knife is obviated by an anæsthetic, in like manner the nerve centres are anæthetized by large doses of alcohol, and thereby robbed of their susceptibility to the influence of the poison of the venomous snake, which in a few hours the system will be able to entirely eliminate. It has been accorded a conspicuous place in the treatment of the low forms of fever. It is here, especially, that it is claimed to exercise that double function, "food and physic;" and this seems to be a fair exponent of the position taken by a great majority of the medical profession. But we are of the opinion that if there is one condition more than another that contraindicates the use of alcohol, it is the condition found in the low fevers. By its anæsthetic influence on the nerve centres and its union with the hæmoglobin, it prevents that perfect change from venous to arterial blood which should be a guiding star in the treatment of such conditions.

As I have before shown, it retards excretion and elimination, and keeps the poisonous ptomaines revolving the circulation until the elaborating glands, tired and worn out by continued irritation, take on lymphangitis, etc. It reduces temperature by lessening the oxygen-carrying power of the red corpuscles, and by vaso-motor paresis, and while in this way a large quantity of blood passes the cooling area of the periphery, the capillaries of the abdominal and other viscera are alike in a state of engorgement. In these extreme low states, when the blood is vltiated all but to disorganization and poison oozing from every pore, the heart beating rapidly, and the muscles twitching, because of their extreme sensitiveness to this venomous avalanche, from a surface view of the case a better state of affairs is brought about by a few decided doses of alcohol. But when we remember it is all attributable to its anæsthetic influence, that the heart and nervous system have only been stupefied and rendered less susceptible to the irritation, the sentinel on the watch-tower has been wooed to sleep by the song of the siren, while the advancing enemy more securely entrenches itself within the citadel, the administration of alcohol at once becomes a matter of doubtful propriety.

In conclusion, we give a *very brief* summary of the conclusions drawn from such facts as are not easily gainsaid. We place the dietetic value of alcohol at *zero*. In a therapeutic sense, there are a *few* conditions in which, with due regard to the range of its influence, it may be administered with limited benefit; but if its claims to therapeutic importance on broad lines of utility are properly canvassed upon their *merits*, it will be "*weighed in the balance and found wanting*."—*From Transactions of Tennessee State Medical Society for 1894.*

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Is now completed and open for the reception of patients. The building is entirely new, designed and built especially for a SANATORIUM. It is finished throughout with hard wood, the walls are hard finished, and precaution has been taken, in every detail of construction, to render it, with proper care, absolutely clean and aseptic. It is heated throughout with hot water, and, in addition, all bedrooms have open grates; lighted with gas and electricity; electric passenger elevator and call bells; experienced matron; select corps of trained nurses, both German and American.

Physicians who wish to send this class of patients from home for treatment may be assured that everything possible will be done for their comfort and restoration to health. For further information, which will be cheerfully given, please address

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Syr. Hypophos. Co.--Fellows.

Containing the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidizing Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a SLIGHTLY ALKALINE REACTION.

IT DIFFERS IN ITS EFFECTS FROM ALL ANALAGOUS PREPARATIONS; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt: it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and produces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE--CAUTION.

The success of Fellow's Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, NEW YORK.

The Charlotte Medical Journal.

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SUBSCRIPTION, $2.50 PER YEAR.

Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

PROPRIETARY MEDICINES.

This subject may be a sore eye to some, but its importance will outweigh its commonness. The medical journal that does not write about proprietary remedies is not up to date as regards medical topics. After thinking over this matter, and looking over many medical journals, one is struck by the many protests against the use of these medicines by physicians. These protests can come but from two sources—either from the ignorant and prejudiced practitioner, who does know that the therapeutic effect of proprietary medicines, to which all the resources of art and science have been contributed, must be much better than the prescription hastily and crudely compounded at the drug stores, or by the druggist, who endeavors to protect his interests. Every body knows that the profits made from the sale of drugs far exceed that obtained from the sale of proprietary medicines, but the profit gained in the first case is at the expense of the patient, but in the second at the expense of the druggist. I do not wish to disparage the druggist, but the interests of the patient must be considered. When we remember that there are remedies which, when combined by a particular process, exert a curative power no imitation can equal. Must we then refuse to use such a remedy because we do not know every detail in its manufacture? The remedy is no less valuable because we do not know every thing about it. The manufacturer of proprietary remedies must keep his products as the standard, and in prescribing such remedies we always get the purest quality of drugs compounded with the greatest skill. Then when proprietary medicines have proved to possess great therapeutic value let us exercise justice and prescribe them.

A WISE PHYSICIAN HOLDETH HIS TONGUE.

The tongue is an unruly member—difficult to govern. People as a general rule talk too much, and it may be said that this unbecoming and unprofitable privilege is quite frequently indulged in by physicians, oftentimes greatly to their detriment. Man works to make money. The lawyer practices law to make money. The preacher preaches for money. The

physician works for money. I do not mean to say that this is all for which man works, but generally speaking the above statement is correct. For any one to succeed he must have friends, and especially the physician, and the best and most satisfactory way for any one to have friends is to hold his tongue. Think a great deal, but speak few words. In some instances ability and proficiency are the leading elements sought for—that is a man in a community may be much disliked, but his competency may support him; but the fellow who is every body's friend, with a medium amount of intelligence, is the most prosperous. There are two subjects, both of great magnitude, upon which a physician should always defer from discussing—Religion and Politics. Concerning these always bridle your tongue. This is a very ordinary and common topic upon which to write, yet it has its force. Every man may have his own views and ideas, but it is not always best to discuss them. If you wish to discuss religion go to your minister; if you wish to become informed on politics read the Congressional Record? A simple argument has often resulted in even friends becoming bitter enemies. A republican fee is worth just as much to a physician as one from a democrat. The prosperous physician is he who a tends to his own affairs, regardless of whether Cleveland is President or Marion Butler is United States Senator.

THE PHYSICIAN'S DUTY.

The physician should not only be ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal, other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the case, the health and lives of those committed to their charge depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed, and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional service; none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character, observed during professional attendance, should ever be

divulged by the physician, except when he is imperatively required to do so. The force and necessity of this obligation is indeed so great that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

SOMETHING ENTIRELY NEW.

No medicine has a wider or more extensive use than Ammonia in some of its forms. It enters into nearly every winter prescription for coughs and colds, Pneumonia, Bronchitis and other innumerable troubles that pest and torment the human family. Recognizing fully its great usefulness in the medical field, it yet plays another role equally as important and with equally as good results, if not better. In the proper dose it has become a specific for burglars. It is written that when a druggist's store was recently invaded he poured eight ozs. of stronger Ammonia in a graduate and calmly awaited the approach of the burglars. When one of them came within shooting distance he received the Ammonia full in the face. The effect was all that could be desired. It so dazzled the visitor that he was easily captured by the police. Eight ozs. of Ammonia dashed into the face of a person must be a very unpleasant sprinkling, but it seems that to pour Ammonia on a burglar I imagine is something like putting salt on a bird's tail to catch him. Antitoxine for diphtheria and Ammonia for burglars. What next?

DO NOT PRESCRIBE ALCOHOL.

Just as certain as it is dangerous to prescribe morphine to a chronic rheumatic patient, just that certain is it more dangerous to recommend alcohol in any of its forms to your patients. The habit of drinking whiskey is a very peculiar thing in the fact that it is such a treacherous habit. You may think to-night will be the last, but the following day, just at the hour you partook of the rank poison, your system calls for it again, and he who has not great control over himself will yield to its destructive influence Intemperance is the greatest curse of modern civilization. Its influence is wide spread and incalculable. Alcohol fills the body of the devotee with unwholesome blood and jingling nerves; imbues his mind with criminal instincts, and gives to his posterity an organism which renders them the easy prey of disease, or the helpless victims of weak aud vicious desires. Experience has taught mankind, in most instances, to avoid injurious and poisonous substances, but, as there are exceptions to all rules, alcohol stands as the exception in this instance. Physicians, as an educated and enlightened body of men, should never recommend alcohol unless absolutely necessary. They should endeavor to imbue the masses of mankind with the thorough understanding of the mental and moral havoc and physical destruction wrought by this terrible agent.

THE PAST AND PRESENT.

In comparing the generel tone of medicine of the past with that of the present we find a vast difference. The traditions of medicine are of a grave and sober kind. In the history of our art there is no jest, and in the lives of great physicians of the past there is only a record of serious work. Who can imagine a smiling Hippocrates or a laughing Galen. There have been some things, it is true, handed down to us as great jests. It is recorded as amusing that Dr. Caius, in his old age, sustained life by suckling a wet nurse. We read in ancient records of a physician, Dr. Hartley, who procured a grant of $25,000 for the secret of a cure for vesical calculus. He took this cure himself until he had taken two hundred pounds of soap—after and despite which he died of stone in the bladder. Until now no one has wondered if the doctor did not die with soap stone. It was a great philosopher and a man, we confess, with a large sense of humor, who proposed a plan for extirpating venereal disease "by mercurializing the whole world." These were very amusiug in their day, but now, forsooth, the sombre mask is being often put aside, and in the place of the staid and learned Hippocrates, we see a smiling philosopher. Of late years we have had plenty of anecdotes and jests, if we are not mistaken, too many. The matter, we think, is being a little overdone. There is a great desire for the amusing, but the taste still needs a little cultivating. It is wonderful with what rapidity and extensive travels some small and rachitic little jokes pass through the pages of the different medical journals, and that too every seven years. One can but notice this comparison.

EARLY DIAGNOSIS.

Diagnosis necessarily precedes all rational treatment, and hence without it the medical man gropes about like one in the dark, or a blind man feeling his way here and there, uncertain which way to advance. The ability to make an early and quick diagnosis should be sought, and, if possible, attained by every physician. It enables one oftentimes to abort diseases ; and, even when this cannot be done, the violence of the attacks may often be modified, and their duration abridged. All know how necessary it is to quickly differentiate between compression and concussion of the brain ; between incipient phthisis and bronchial catarrh ; between invagination of the bowels and intestinal colic ; and between the diseases manifested by skin eruptions. He who is thus gifted easily takes vantage ground over his more tardy and unskilled neighbors. Fortunate is he who possesses that acute perception that enables him at a glance to see the true character of the disease that confronts him, as it is beginning to invade the citadel of life. Like a good general, he waits not till the enemy has taken the strongholds, but, with a quickness and decision born of

success, he snatches victory from defeat and plants his banner where rewards and honors await him.

IMPROVEMENT IN DOSAGE.

Among the many and remarkable improvements that have taken place in medicine none are equal to that of dosage. The method of administering medicines has changed very materially within the last few years. We do not now prescribe wine glass full doses of nauseous decoctions and infusions to be repeated at frequent intervals, nor administer pills as large as marbles. I quote a prescription, written in 1870, for chills just as it was written by a leading physician of a large territory:

4 ounces of Peruvian Bark.
2 drachms of Aloes.
2 " " Rhubarb.
2 " " Ginger.

To be put into one quart of pure spirits. One tablespoonful to be taken half hour before or half hour after meals.

The above was said to be a specific for chills. I do not deny the statement, but can any one formulate a less palatable dose. What a contrast is the above to our daity tablet trituate pillet or deliciously aromatic cordial, prepared by the physician's benefactor, the manufacturing chemist.

BICYCLE RIDING FOR WOMEN.

After pointing out certain contraindications, the New York Journal of Gynecology and Obstetrics says, editorially: "But there are a certain number of women in this country, even among those long past puberty, who, hard as it is at times to realize it, have never had any pelvic disease whatsoever, and it will be in regard to these that we shall be called upon to answer the question: Is bicycle riding benefieial to women? We are inclined to think that, under these circumstances, it is. The muscular action is much more regular than in horseback riding, and the danger of accident, for a good rider, far less. For women past the menopause, with a tendency to excessive flesh, to torpidity of the liver, to constipation and to dyspepsia, it should be of especial benefit. But we fear that in this class of cases, in which it would appear to be most indicated, the power of feminine vanity will ever place a bar to our converting a probable theory into practical experience.

"At all events, there is no other form of exercise within the capacity of the average woman which involves so general a mascular development and glandular action combined with a healthy mental and physical exhilaration."

STATUE OF DR. J. MARION SIMS.

A statue of this distinguished surgeon was unveiled with impressive ceremonies in Bryant Park, New York, on October 20th, the address being delivered by Dr. George F. Shrady.

INDECISION.

This is a very grave defect in the life of any one, and especially so in the career of a physician. There is no one thing that catches the public mind more readily than quick decision. Decide upon one thing and stick to it. 'Tis true every science is full of many things, and it is often the case that where there are so many things recommended for diseases that it is difficult to decide upon one line of treatment. A man may know too much to possess the confidence of the ignorant and too little to secure that of the wise, It is for this reason that he is often unable to act with decision. A man may be the master of all the languages ; all the sciences may be in his grasp ; the arts may be his familiar friend ; every branch of medicine may find a congenial home in his wonderful brain ; he may be a master of society and be unable to select from this mass of knowledge the proper course to pursue in the management of a case of whooping cough. Carefully consider matters, then render a decision.

AMERICA'S PROGRESS.

It is a curious fact that with the vast wealth of material in the United Kingdom alone (irrespective of her great colonies) there is no publication devoted exclusively to the diseases of children. There are journals for all the other branches of disease, and they are valuable acquisitions to the medical literature of our time. Thus periodicals regularly appear set apart for diseases of the Brain, Eye, Skin, Throat and Nose, and Women. Special journals, also, are issued for Anatomy, Physiology, Pathology and Bacteriology, Public Health and Sanitary Science ; and further, Dental Science alone has quite a number. But Diseases of Infancy and Childhood; which are more numerous, and more frequently treated, than a fair portion of all other maladies put together, have not yet been accorded a representative organ. America alone has the honor of filling this deficiency by the Monthly Archives of Paediatrics.

We appreciate the following kind words :

We extend congratulations to the handsome, readable and much quoted *Charlotte Medical Journal*, which is now printed entirely within its own building. It in all respects deserves the suceess it is winning right along.—*The Cincinnati Medical Journal.*

The Charlotte *Medical Journal* will hereafter be published within its own doors. This announcement, which we find in the November number of the *Journal*, is evidence that merit will sometimes win. We congratulate the *Journal* in its well-deserved success, and hope it will "live long and prosper."—*The Texas Sanitarium.*

The Charlotte (N. C.) *Medical Journal*, Vol. V., has attained its maturity at an early age. It would be difficult to find seventy-five pages of better medical selections. We can gratefully say, "though young in years, it is old in knowledge."—*The North American Medical Review.*

LIQUOR UTERANS.

(V. P. o.)

WE DESIRE to call the attention of Physicians to this preparation as a superior **Utero-Ovarian Sedative and Anodyne.**

EACH FLUID OUNCE REPRESENTS:

BLACK HAW	55	Grains.
BLUE COHOSH	28	"
GOLDEN SEAL (Represented by the White Alkaloid)	55	"
JAMAICA DOGWOOD	25	"

The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a UTERINE TONIC AND ANODYNE SEDATIVE is indicated.

DOSE:—ONE-HALF TO ONE TEASPOONFUL.

Eminent practitioners contend that the present habits of life tend to produce Uterine and Ovarian disorders of various kinds.

The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with LIQUOR UTERANS.

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of LIQUOR UTERANS. We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

Samples will be cheerfully mailed to Physicians on application.

Correspondence and reports of cases invited.

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PROMPT, PLEASANT AND RELIABLE.

What Is It? Maltopepsine is a dry powder, essentially of Malt-Diatase, Pepsin, Hydrocloric and Phosphoric Acid, with a pleasant, sweetish acid taste.

What About It? It appeals to the good sense of the thoughtful Physician, (1) because it combines the three indispensable elements of a perfect digestive ferment. (2) Because it has fully demonstrated its value by exacting clinical tests in many forms of Indigestion, Dyspepsia, Vomiting of Pregnancy, Lyenteric and Dysenteric Diarrhœa, Sick Headache, Cholera Infantum and the Indigestive Diarrhœa of children.

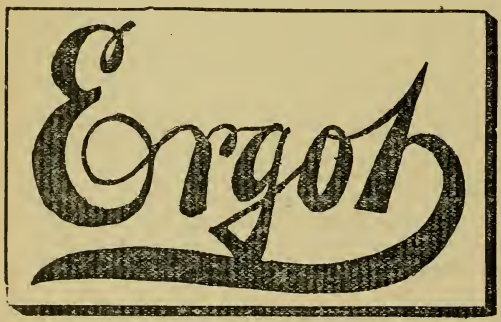
ELIXIR MALTOPEPSINE

(Each f. drachm contains 10 grs. Maltopepsine.)

Is the same thing in a liquid form. It has a beautiful, clear, claret color, and is as grateful to the taste as a tart grape wine. Peculiarly adapted to the stomach and bowel ailments of children and persons who find powders objectionable.

FREE SAMPLES of the Maltopepsine (dry) will be sent by mail. A *full pint bottle* of the Elivir by express, prepaid, on receipt of 50c. for packing and carriage.

PREPARED ONLY BY THE TILDEN CO., New Lebanon, N. Y.



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875 Grains Test Solution to the Ounce.

ADVANTAGES.

Strength

(1) BEING THE STRONGEST—It requires a smaller dose; is more economical, and more uniform in strength and action.

Purity

(2) BEING THE PUREST—It does not nauseate; may be used *HYPODERMICALLY* with entire safety—will not cause sores or abscesses; produces natural expulsive pains: is prompt and energetic in its effects.

Free samples will be sent to Physicians who have not had an opportunity and may desire to try it.

PREPARED ONLY BY THE TILDEN CO., NEW LEBANON, N. Y.

BOOK REVIEWS.

PRESCRIBING AND TREATMENT IN THE DISEASES OF INFANTS AND CHILDREN. By PHILIP E. MUSKETT, Late Surgeon to the Sidney Hospital; formerly Surgeon Superintendent to the South Wales Government (S. I. Service): Medical Superintendent, Quarantine Station, Sidney: and Senior Resident Medical Officer, Sidney Hospital. Third Edition, Revised, Enlarged and Re-arranged. Edinburg and London: Young J. Pentland. 1894.

This is one of the handsomest and most useful books that has yet ever adorned our table. It is well up to the level of our present knowledge, and fully abreast of all the recent discoveries. In this, the third edition, many desirable improvements and much new matter has been introduced. As to the former, the different references to the various diseases under the heading of each drug, in the first part, have been arranged n alphabetical order. This will manifestly facilitate reference, preserve a regular uniformity and prove convenient in every way. Several new remedies have been inserted for the first time. Coto, Creolin, Euomymin, Liquor Pepticus, Phenacetin, Salol, etc. In the second and larger portion relating to the treatment of the many diseases of infancy and childhood there have been many additions, more especially is this the case with respect to diphtheria, diarrhœa of mucous irritation, eczema, etc. Regard has been paid generally to what is met with in every day practice rather than to rare and uncommon maladies. In the third part, allotted to recipes and accessory information, two important sections have been added; one relating to the advantages and value of boiled milk, and the other to the sterilization and pasturisation of milk. Every feature of the book is excellent, and it will be used by us to a very great extent.

DISEASES OF THE CHEST, THROAT AND NASAL CAVITIES. Including Physical Diagnosi7 and Diseases of the Lungs, Heart, and Aorta. Laryngology and Diseases of the Pharynx, Larynx, Nose, Thyroid Gland, and Esophagus. Third Edition, Revised. With 240 Illustrations, 8vo, 718 pages, By E. FLETCHER INGALS, A. M., M. D., Professor of Laryngology and Practice of Medicine, Rush Medical College; Professor of Diseases of the throat and Chest, Northwestern Uuiversisy, Woman's Medical School, etc., etc. New York: William Wood & Co. Price, muslin, $5.

This book comes to us at the most seasonable time of the year, when these diseases are the most prevalent. This is the third edition, and the favor with which the preceding editions of this work were received, assures us in saying that we may look for a still larger demand and more favorable reception for this one. In this large and magnificent, though not an encyclopœdic work, is presented in convenient form the known facts relating to diseases of the respiratory tract and circulatory organs. The author has devoted fifteen chapters to a consideration of diseases of the chest, fourteen to diseases of the throat, seven to diseases of the nose, and one to the diseases of the thyroid gland and the esophagus. The work shows careful preparation, close application, hard work, large information, and it can be said that little has been overlooked which would be

of value to the student or practitioner. It is issued in a most magnificent form, quite surpassing in every excellence the two former editions. The illustrations are very fine and well drawn. It has a good appendix which contains many valuable formulæ. It gives us great pleasure to fully endorse this edition. This work is a bright star from the great west, and citizens of the crowded city by the lake and every American should feel proud of the attainments of its author as a teacher, a writer and a successful practitioner.

A MANUAL OF SURGERY, GENERAL AND OPERATIVE. By JOHN CHALMERS DACOSTA, M. D., Demonstrator of Surgery, Jefferson Medical College, Philadelphia: Chief Assistant Surgeon, Jefferson Medical College Hospital; Surgical Registrar, Philadelphia Hospital, etc. One very handsome volume of over 700 pages, with 188 Illustrations, and 13 full-page plates in colors and tints. Price, Cloth, $2.50 net. W. B. Saunders, 925 Walnut St., Philadelphia, Publishers, 1894.

This is a most excellent work indeed. It stands between the complete but cumbrous text-book and the incomplete but concentrated compend. It presents in clear terms and in concise form the fundamental principles, the chief operations, and the accepted methods of modern surgery. The first chapter is devoted to the important subject of Bacteriology, and in the preface the author states that he profoundly believes that without some knowledge of the vital principles of this branch of science the vast importance of its truths will be ill appreciated, and there will be inevitable failure in the application of aseptic and antiseptic methods. The author does not consider ophthalmology, gynecology, rhinology, otology and laryngology because he thinks that only specialists are competent to write upon these subjects. This is very wise. He discusses in orthopœdic surgery the common and every day things that occur in the surgeon's or general practitioner's work, such as hip-joint disease, club-foot, Potts' disease, etc., etc. He considers very elaborately the subject of dislocations and fractures, the two most practical and important subjects in the entire domain of surgery. He gives operative surgery in different sections, giving the different proceedures, with the instruments needed, and the position of the patient. Illustrattons are freely used to elucidate the text. Obsolete and unessential methods have been excluded. The book is prettily bound, and printed in large clear type. We heartily commend it to our readers as a very useful and helpful treatise on surgery.

F. B. VANDEGRIFT & CO.'S HOME BOOK OF THE UNITED STATES TARIFF. Containing the Customs Tariff Act of 1894, 27 William Street, New York.

This is a very valuble book. It contains the Customs Tariff Act of 1894, with Complete Schedules of Articles with proper rates of duty; also a full explanation of customs repuirements, and of the laws and regulations regarding drawback, with a list of articles on which drawback rates have been established. The book is carefully published, with good indexes and is an excellent book for reference.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS: A Manual for the Use of Physicians, Surgeons and Students. By CHARLES W. PUREY, M. D., Queen's University; Fellow of the Royal College of Physicians and Surgeons, Kinston; Professor of Urology and Urinary Diagnosis at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes: Its Causes, Symptoms, and Treatment." With Numerous Illustrations, including Photo-Engravings and Colored Plates. In one Crown Octavo volume, 360 pages, in Extra Cloth, $2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The accurate study of the urine has become one of the essential features in advanced clinical medicine. Through urinalysis alone can an almost daily increasing number of diseases be determined, their intensity gauged, and their progress toward recovery, or their tendency toward a fatal termination, be predicted. While it is impossible to diagnosticate all diseases from the urine, it is nevertheless, true that no serious disease can be in progress in the economy without giving rise to more or less marked changes in the character of the urine, and therefore we can no longer afford to exclude urinary analysis from the scientific investigation of any serious form of disease. It is indeed gratifying to notice how rapidly each subject is being treated in special works. With this work the author has furnished the student, physician, and surgeon, in one moderate sized volume, the essential features of our knowledge of the urine and urinary diagnosis, thoroughly up to date, and in the most systematic, practical, and concise form. The author brings out prominently the relations of the chemistry of the urine to physiological processes, and pathological facts. Thus in dealing with normal urine each constituent has been considered in the following order: Its chemical nature and composition; its source in the economy; the significance of its increase or decrease in the urine, with the relations of these to metabolic processes, food supply, physical surroundings and tendency toward disease, and finally the most approved methods of its detection and determination have been described. The second division of the book, urinary diagnosis, gives a concise description of the special features of the urine that indicate the presence of special pathological processes in progress in the economy, with the leading clinical symptoms of each disease and often an epitome of their nature and etiology.

The work embraces 351 pages. It is neat in all its mechanism. He who has compassed the whole text will be in a position to utilize the information thereby furnished to the best practical diagnostic purposes and give him the mastery over the disease considered. At the close of the work an appendix has been added upon the subject of urinary examinations for life insurance.

THE MEDICAL REVIEW VISITING LIST, PERPETUAL. J. H. Chambers & Co., Publishers, St. Louis, Mo.

A great many of these Lists are published every year. They are very useful and convenient, and this one is specially a good one, one of

the best published. It not only contains the weekly case list, memoranda, etc., but also much valuable information, such as the methods of preparing disinfectants, chemical examination of urine, poisons and their antidotes, table of doses, etc., etc. It is most convenient in size, of little weight, only four ozs., with a substantial flexible cover.

MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. Inorganic Substances. By CHARLES D. F. PHILPIPS, M. D., LL.D., F. R. S. (Edin.), Late Lecturer on Materia Medica and Therapeutics at the Westminster Hospital Medical School, etc. Second edition London: J. & A. Churchill, 1894.

The best way to judge with what degree a book is valued and appreciated is to find it out of print. The present volume has been out of print for several years, and the companion volume, on "Vegetable, Animal and Organic Compounds," is nearly out of print, but is well advanced toward a revised edition. Dr. Phillips' works upon materia medica and therapeutics are favorably known on both sides of the Atlantic for their practical character and their comprehensiveness. In this work before us, alphabetical order has been the main principle followed, but in different divisions. He considers the gases and non-metalic elements first, then the halogens (iodide first), then water in its various modes of use, and afterwards the acids before the metals. Of these last, the order is that of their Latin names, though the heading of the pages is in English. Much space is devoted to the therapeutical value of water and a compendious account of the various European mineral springs is given, with their chemical composition and use. The discussion of the chief metals is thorough, and the author has succeeded in indicating their most valuable applications.

The book is a magnificent volume, written in elegant style. It has a fine clinical and a good general index, and is a book which the reader may consult with profit and satisfaction.

THERAPEUTICS: ITS PRINCIPLES AND PRACTICE. By H. C. WOOD, M. D., LL.D., Professor of Therapeutics, etc., in the University of Pennsylvania. Ninth edition, completely revised. Cloth. 1,007 pages. J. B. Lippincott Co., Philadelphia.

This author has long been before the public as an accepted teacher on the subject treated in this book, hence his ninth edition needs only to be noticed to insure its purchase. It comes to us now with a revision and completeness that brings it up to the present date in the important subject of which it treats. Much of the work has been rewritten, and the growth of the science of therapeutics in the last three years has necessitated the addition of nearly one hundred pages. It is thoroughly adapted to the new Pharmacopœia of the Uuited States, and the new official remedies as Aspidosperma, Naphthol, Hydrastinine, and the Strontium Salts are very carefully and elaborately discussed. All effete material has been eliminated and all the numerous discoveries of the last three years have been incorporated. The scope of this work is beyond that of any previous one on the subject. It is an evidence of great enterprise on the part of the

publishers, and of stupendous energy and work on the part of the editor Whatever may be said with reference to the value of perfection in the im portant departments of anatomy, physiology, and pathology, the good, after all, is the treatment of disease, and work which contributes to its successful management is to be looked upon as of vast use to humanity. It cannot be denied that therapeutic resources, whether the treatment be confined to the new administration of drugs, or allowed its more extended application to the management of disease, have so greatly multiplied within the last few years as to render previous treatise of little value. Herein will be found the great value of Wood's Therapeutics, which group together within a single volume the most modern methods known in the management of diseases, and especially does it deal with important subjects comprehensively, which could not be done in a more limited treatise. We cannot commend this work too highly, because it stands out first and foremost as a work to be consulted by authors, teachers, and physicians throughout the world.

INTERNATIONAL CLINICS. Vol. III, Fourth Series. Edited by JOHN M. KEATING, M. D., LL.D., Colorado Springs, Col.; JUDSON DALAND, M. D., Philadelphia; J. MITCHELL BRUCE, M. D., F. R. C. P., London, England, and DAVID W. FINLAY, M. D., F. R. C. P. Philadelphia: J. B. Lippincott Co., 1894. Cloth, 8vo. Price $2.75. Leather $3, Sold only by subscription.

Far and wide would be the disappointment if these useful books did not appear at the appointed time. We always look forward with a great deal of pleasure to the publication of this "Quarterly of Clinical Lectures" on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynæcology, Ophtalmology, Larangology, Otology and Dermatology, by professors and lecturers in the leading medical colleges of the United States, Great Britain and Canada, for they are always full of fresh and useful information. This, the third volume of the fourth series, maintains its high pre-eminence as a periodical of great use to the practitioner. This volume contains articles or lectures from forty-five persons upon subjects of their own selection, of which they are most familiar, thus making it of infinite value to physicians. There is so much of interest and value in the present volume that criticism must seem forced and trivial. This volume contains 370 pages, with many excellent illustrations, and forms an attractive as well as a useful contribution to medical literature.

A SYNOPSIS OF THE PRACTICE OF MEDICINE, FOR PRACTITIONERS AND STUDENTS. By WILLIAM BLAIR STEWART, A. M., M. D., Lecturer on Therapeutics; late Instructor on Practice of Medicine in the Medico-Chirurgical College of Philadelphia; Demonstrator in the Philadelphia School of Anatomy, etc. One large Octavo Volume, about 434 pages, Cloth, $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

Works on the Practice of Medicine increase with wonderful rapidity, each possessing the marks of distinction and excellence. The author of this treatise states that this volume was not written with the view of re-

placing our elaborate text-books, but to give to the busy practitioner and student concise and accurate, and brief descriptions which will suggest outlines and practical thoughts upon etiology, symptomalogy, pathology, diagnosis, prognosis and treatment. In the arrangement of the subjects the author adopts the usual custom, distinctly stating under each subject its own peculiarities. The subject of Fevers is the first treated. Each of the fevers receive their just amount of attention. One good feature about the book, among the many, is that space is not taken up with useless discussion. Every thing is to the point. All the diseases herein found are treated from a systematic and practical standpoint. The book is of medium size, well printed, and the binding is like Treat's other books, neat and durable. We predict that the author's efforts in the preparation of this book will be greatly appreciated. Merit always wins.

LETTERS OF ASA GRAY. Edited by JANE LORING GRAY. In Two Volumes. Boston: Houghton, Mifflin & Co. Price, $4.

Dr. Gray was a delightful correspondent. He wrote with the easy manner and hearty tone that give letters their highest charm. In telling distant friends what he is occupied with he presents no bare outline, but fills up his picture with a wealth of interesting details. And his good-natured fun is continually peeping out from some corner. The first group of letters concern various undertakings between the twenty-first and twenty-eighth years of his life, and are mostly addressed to his father and mother and to Dr. John Torrey. In them he speaks frankly of his plans and aspirations, saying in one place, "I am determined to persevere for a little while yet before I give up all hopes from science as a pursuit for life." His journeys by stage-coach and steamboat to various places in the State of New York and one to Detroit are graphically described. His account of his first journey to Europe, given in letters home which took the form of a journal, is also very graphic. We find in the early pages of this chapter enthusiastic references to twenty days of study among Sir William Hooker's botanical collections, closely followed by a description of Edinburgh and references to lectures by the famous men in its university. Here he does not neglect to note that Dr. Hope, who lectured on chemistry, "did not wear his gown or ruffles at the wrist," also that the class in anatomy "behaved shockingly, even for medical students." In London, through his letters of introduction and the good offices of Hooker and his son "Joe," who were there at the same time, Gray made many pleasant and useful acquaintances. Busy days those spent in the "modern Babylon" must have been, for a bewildering number of persons and places were visited. Proceeding to France, Dr. Gray made the acquaintance of Jussieu, Decaisne, Seringe, Delile, and other botanists. He then crossed Italy and visited parts of Austria, turned back through Switzerland and Germany, and finally sailed from Hamburg for London. His journal describes his meeting with the celebrated botanists of all the places visited,

and contains the traveler's impressions of the usual "sights," besides notes of miscellaneous incidents of travel. The year in Europe is followed by a decade of work at home, in the early part of which Dr. Gray was appointed to the Fisher professorship in Harvard College, which he retained for the rest of his life. The letters of this period speak of work on Torrey and Gray's Flora of North America, the arrangements for the new labors at Harvard, and work on various publications. One of his first discoveries in Cambridge was that "there's nothing like Down East for learned women," and he gives instances. A second trip to Europe was made in 1850–'51; old friendships were revived and new ones made. One of the new friends was Charles Darwin, and a large part of the letters in the next division of this collection were addressed to him. The letters in the remaining divisions tell of new publications and revisions of old ones, the examination of collections and single specimens from all quarters of the globe, further journeys to Europe and elsewhere, and miscellaneous matters. One of the most valuable features of these two volumes are the opinions and bits of information about prominent botanists that are scattered through them. Prof. Gray was not oblivious to affairs of moment outside the field of botany; thus his letters during the time of the civil war contain many vigorous comments upon passing events, and we are informed in a foot-note that he enlisted and drilled with a company raised for service in Massachusetts. He was then over fifty years of age. The playful turns of thought already referred to are frequent. Now the subject is the German feather-stuffed bed-covering, again it is the simian ancestry implied in Darwin's books, but nothing is more delightful than the burlesque botanical description of the piece of wedding cake that he sends to the Torreys. The two volumes contains three portraits of Dr. Gray, a picture of him in his study, and a view of the range of buildings in the Harvard Botanic Garden. A brief autobiography prefixed to the first volume gives an account of Gray's ancestry and his early years.

LABORATORY MANUAL OF ELEMENTARY CHEMICAL PHYSIOLOGY AND URINE ANALYSIS. By JOHN H. LONG, M. S., Sc. D., Professor of Chemistry and Director of the Chemical Laboratories in the Schools of Medicine and Pharmacy of Northwestern University. With numerous Illustrations. Chicago: E. H. Colegrove & Co., 1894. Pp. 366.

The interest and advancement that is being now taken in the study of chemistry and urine analysis is very great and encouraging. There can be no question but that the time devoted to the study of chemistry and chemical physiology in our medical colleges has been altogether too short. This little book consists of two parts; the first dealing with simple experiments in chemical physiology, while the second takes up the subject of urine analysis as properly following and partly illustrating the first. Though the book may have been written more particularly for students, yet it contains a great deal of matter of interest to the general practitioner.

SLAV AND MOSLEM. Historical Sketches by J. MILLIKEN NAPIER BRODHEAD. The Aiken Publishing Co., Aiken, S. C.

Russia, as it has been presented to our consideration by some writers, appears a monstrous anachronism, and her sovereigns are described as modern Neroes, or little better. The impartial mind, however, will find presented in this book b.ief considerations of Russia's origin and early history, the explanation of her tardy development; for, as Freeman has remarked, "the present will be very imperfectly understood unless the light of the past is brought to bear upon it." The writer's description of the Crimean war and the Bulgarian war is interesting, instructive and entertainingly written. The entire work shows careful preparation. Russia has been, until recently, one century, at least, behind hand, so says the author; this is an indisputable fact, but it is equally true that since fifty years, she has lived by steam. Many a race has been won on the home stretch, and it certainly looks as if this might be the experience of the great young empire of the Russian Cæsars.

THE PHYSICIAR'S VISITING LIST FOR 1894. Forty-fourth year of its Publication. Philadelphia: P. Blackiston, Son & Co., 1012 Walnut Street.

This is certainly one of the neatest and most complete visiting lists that we have yet received. It has been published for forty-four years, which fact is a sufficient guarautee of its excellence and popularity. It contains many other valuable suggestions besides the visiting list proper, such as table of doses, table of reckoning the period of pregnancy, tables of metric system, a list of new remedies, rules for examining the urine, etc. It is most convenient in size and thickness, bound in good leather, printed on first-class paper, and on the whole it is a most compact and useful little volume.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF GEORGIA. Forty-fifth Annual Session. 1894. Atlanta, Ga.: Published by the Association.

It is highly complimentary to the Association of the State of Georgia to issue such complete transactions as are the above. These Transactions contain forty-three well written and carefully prepared articles by physicians who rank inferior to none in the profession. They are well printed, nicely bound, and will be useful to any physician who enjoys good and clever reading. These Transactions complete in I volume make a book of 406 pages. For the kindness of Dr. Dan H. Harrell for sending us these Transactions we extend to him our sincere thanks.

THE BIRTH OF A SOUL. A Physiological Study by MRS. A. PHILLIPS, Author of "Benedicta," Man "Proposes," "A Rude Awakening," etc. Chicago and New York: Rand, McNally & Co., 1894.

This book contains 336 pages. It is a novel of the finest kind. It is interesting and entertaining from beginning to end. We predict for it a great sale. It deserves it.

TRAVAUX D'ELECTROTHERAPIE GYNECOLOGIQUE is the title of a Semi-Annual Publication recently issued in Paris, under the editorship of DR. G. APOSTOLI.

It is a magnificent work, the volume embracing 720 octavo pages, in which are to be found a large number of original communications and a complete review of the literature on the subject during the past year. Electrotherapeutics in gynecology is now a most important branch of treatment, and we are certain that this venture will meet with deserved success. The subscription price is 12 francs, the publishers being the Societé d'Editions Scientifiques, 4 rue Antoine-Dubois, Paris.

Literary Notes.

A wide variety of topics is treated from the scientific point of view in The Popular Science Monthly for December. The number opens with an article on Athletics for City Girls, by Dr. Mary Taylor Bissell, who approves tennis and cycling, but especially recommends a well-directed gymnasium. President Jordan, of Stanford University, sets forth The Need of Educated Men in a way to encourage and stimulate all who are fearful about the future of government and society. The probable appearance of the celebrated "missing link" and his family is shown in an engraving of the painting by Gabriel Max which was presented to Prof. Haeckel on his sixtieth birthday. Prof. E. P. Evans discusses the picture under the title Pitheeoid Man. Prof. James Sully continues his Studies of Childhood with a chapter on The Child's Thoughts about Nature. A subject which few persons have thought about—The Economic Theory of Woman's Dress—receives a searching examination by Dr. Thorstein Veblen. An instructive insight into Japanese thought and character is afforded in Shinto, the Old Religion of Japan, contributed by N. Kishimoto. An illustrated paper on Responsibility in Crime from the Medical Standpoint is furnished by Dr. Sanger Brown, of Rush Medical College. Dr. Friedrich Paulsen discusses The University as a Scientific Workshop. The amateur in geology will welcome Prof. W. M. Davis's account of The Ancient Outlet of Lake Michigan, also The Geology of Natural Scenery, by F. J. H. Merrill, and the British Association popular lecture on Geologies and Deluges, by Prof. W. T. Sollas, F. R. S. The Chemistry of Sleep is treated by Henry Wurtz, Ph. D., and there are a biographical Sketch and Portrait of Prof, Zadoc Thompson, the Green Mountain naturalist. New York: D. Appleton & Company. Fifty cents a number, $5 a year.

The Review of Reviews for December brings to the attention of its readers a remarkable state of things in South American international relations. It has been known for years that Great Britain has persistently encroached on territory belonging to the little republic of Venezuela; but few Americans have been aware of the extent of those encroachments. The editor of the Review of Reviews asserts that England is now occupy-

ing a vast region which only a few years ago she acknowledged to belong to Venezuela, and that in fact she has no lawful claim to any territory whatever west of the Essequibo River, although she has acquired the coast line as far west as the Orinoco. The editor's charges seem to be supported by the statements of reliable English publications: the Cyclopedia of Geography, for example, computed the area of British Guiana a few years ago as 50,000 square miles, while the present area is given as 109,000 square miles by all British statistical works, although there have been no cessions to England in that region. As Great Britain has refused arbitration of the points in dispute, the Review of Reviews advocates the appointment of a joint commission by the United States, Mexico, and the South American republics to investigate Venezuela's claims, and that such as may appear well founded be sustained by the united American powers against England.

A Famous Show of Beauty.—The show of distinguished beauty, transfixed by famous artists, which is now taking place at the Academy of Fine Arts in New York, has been anticipated by the Cosmopolitan Magazine in its November issue, in an article by Wm. A. Coffin, with illustrations of some of the more beautiful faces. The "Great Passions of History" series has for this month's subject the romantic career of Agnes Sorel, who influenced the destinies of France under Charles VII. "The Art Schools of America," "The Great British Northwest Territory," "The Chiefs of the American Press," and the "Public Library Movement," are amongst The Cosmopolitan's table of contents. Survivors of the war and their children will find intense interest in "The Story of a Thousand," a personal narrative begun in this number by Albion W. Tourgee, who tells in a graphic way, of a regiment which saw fierce service—of its organization, its marches, its sports, and its death roll.

The Review of Reviews for November, in its editorial department ("The Progress of the World") has some suggestive paragraphs bearing on the present attempts at "municipal housecleaning" in the great cities of New York, Chicago and San Francisco, and takes the occasion to emphasize certain lessons to be learned from European municipal experience. In speaking of Glasgow's system of street cars, owned and operated by the municipality, the editor points out that this responsibility was not undertaken by the city until the municipal government had been tested with many large enterprises which it had shown its fitness to control and operate successfully; it is now managing its street car service, says the Review, as successfully as the best of our American cities manage their fire departments.

The Southern Medical Review, Houston, Texas, has published one issue, counted the cost, and is no more.—*Ex.*

Reprints.

Intraligamentous and Retroperitoneal Tumors of the Uterus and its Adnexa. By William H. Wathen, A. M., M. D.

Pyothorax and its Treatment. By Carl Beck, M. D., New York. Reprinted from the Medical Record, May 19, 1894.

Kaposi's Clinic—Interesting Dermatological Cases. By Frank J. Thornbury, M. D., Buffalo, N. Y. Reprint from the Buffalo Medical and Surgical Journal, October, 1894.

The Value of an Ethereal Solution of Iodoform in the Treatment of Hæmorrhoids. By Carl Beck, M. D. Reprinted from the New York Medical Journal for July 21, 1894.

The Specific Cure of Diphtheria by Antitoxin. By Frank J. Thornbury, M. D., Demonstrator of Bacteriology, University of Buffalo, N Y. From the Medical News, October 20, 1894.

The Use of Traction in the Treatment of Joint Diseases. By Stewart Leroy McCurdy, A. M., M. D., Pittsburg, Pa. Reprinted from the Pittsburgh Medical Review for September, 1894.

Tricuspid Insufficiency. By Frank J. Thornbury, M. D., Demonstrator of Bacteriology, University of Buffalo. Reprint from the Buffalo Medical and Surgical Journal, December, 1893.

Air and Contact Infection, Translated from Schimmelbusch's "Aseptische Wundbehaudlung," with permission of the author. By Frank J. Thornbury, M. D., Demonstrator of Bacteriology, Medical and Dental Department University of Buffalo. Reprint from the St. Louis Clinique of June, 1893.

A Case of Chronic Peritonitis, with Intestinal and Abdominal Fistulæ —Enterorrhaphy—Recovery. By Frederick Holme Wiggin, M. D., President of the Society of Alumni of Bellevue Hospital; Visiting Surgeon to the City Hospital, Gynecological Division. Reprinted from the Medical Record, August 11, 1894.

Practical Suggestions Respecting the Ventilation of Buildings. A Report to the State Board of Health. By John H. Kellogg, M. D., Member of the Michigan State Bocrd of Health, Battle Creek. Reprinted from the Niueteenth Annual Report of the Michigan State Board of Health, for the fiscal year ending June 30, 1891.

A Retaining Splint for Excisions of the Hip-Joint, with a Case. By Stewart LeRoy McCurdy, M. D., Dennison, Ohio., Professor of Orthopedic and Clinical Surgery, Ohio Medical University, Columbus, Ohio;

Lecturer on Topographical Anatomy and Landmarks, Western Pennsylvania Medical College, Pittsburg, Pa.; Surgeon P., C., C. & St. L. Ry. Co. Reprinted from the Pittsburgh Medical Review.

Old and Neglected Deformities Following Infantile Spinal Paralysis. By Stewart LeRoy McCurdy, A. M., M. D., Pittsburgh, Pa., Surgeon to P. C. C. & St. L. Ry.; Professor Orthopedic Surgery, Ohio Medical University; Orthopedic Surgeon Protestant Hospital, Columbus, Ohio; Member American Orthopedic Association; Treasurer Ohio Association of Railroad Surgeons; President Ohio Pediatric Society; Member American Association, etc. Read before the American Orthopedic Association. Reprint from Columbus Medical Journal, June, 1894.

The Relation of Static Disturbances of the Abdominal Viscera to Displacements of the Pelvic Organs. By J. H. Kellogg, M. D., Member of the British Gynecological Society, the International Periodical Congress of Gynecology and Obstetrics, American and British Associations for the Advancement of Science, the Societe D'Hygiene of France, American Society of Microscopists, American Climatological Society, American Electro-Therapeutic Association, Tri-State Medical Society, American Medical Association, Mtchigan State Medical Society, Superintendent of the Battle Creek (Mich.) Sanitarium. Reprinted from the Proceedings of the International Periodical Congress of Gynecology and Obstetrics, 1894.

The Treatment of Typhoid Fever.

Osler, of Baltimore, in discussing the treatment of typhoid fever at a recent meeting of the Clinical Society of Maryland, said he thought that the antipyretic drugs were entirely superfluous in this disease. The cold bath is more efficacious, but is not always available in private practice; but all the good effects of the bath can be obtained by sponging. A good nurse or doctor can sponge the patient so effectually that the fever will be satisfactorily reduced. When the temperature is high ice sponging—not with ice water, but with lumps of ice—over the back and legs will reduce the temperature very pleasantly to the patient and satisfactorily to the doctor. Delirium and stupor are also effectively treated by ice sponging. The use of antipyretics in typhoid fever is, in nine cases out of ten, positively hurtful. To reduce the heart's action and cause weakening sweats, and their use is an unmitigated evil. In the great majority of cases the treatment may be taken from old Dr. Nathan Smith, of Yale, which was pretty much that of to-day. Plenty of fresh air, liquid diet and cold externally. He was in the habit of turning out the friends of the patient, putting the patient on the floor and then dashing water, handed through the window by an assistant, over the patient.—*Canadian Practitioner.*

Quinalgen==Dr. Vis.

Manufactured by DAHL & CO., Barmen, Germany.

A new remedy for Rheumatism, Neuralgia, Sciatica, Asthma, Hay Fever, and applicable in all cases where pain of a neuralgic character is a prominent factor.

Quinalgen belongs to that exceedingly interesting group of remedies which chemical science has evolved in recent years from Coal products. It is a derivative of the Quinoline group and is therefore an anologue of Phenacetine and Anitfebrine, but has marked and highly important advantages of them, they being derived from the Benzine group. All derivatives of the Benzine ring have decidedly depressing effects upon the heart's action and the nerve centres.

Quinalgen is almost entirhly free from these disadvantages, while its physiological effects are similar to those of Quinoline, to which group it belongs. Its therapeutic action is therefore restorative and tonic to the nervous system instead of depressing aud exhausting.

Quinalgen was discovered and broght to the notice of the profession by Dr. Vis, of Germany, three years ago. It was first tried for fever, neuralgia, etc., in the University of Freiburg by Dr. Baumler. Subsequently Dr. Golinder of Erfurt, Dr. Treupel o Breslau, and many other distinguished German practitioners gave it extensive trial and the consensus of their opinion is that Quinalgen marks a decided advance in the therapeutic agents that are available in the treatment of fever, headache, neuralgia, the pain of rheumatism, sciatica, etc.

S. A. RICKARD, of Saratoga Springs, N. Y., is the Sole Agent for the U. S and will be glad to send literature with full directions for use, to any physician on application. Price $1.00 per oz. Give it a trial.

STEARNS' KOLA CORDIAL.

A New and Valuable Tonic Stimulant.

Each fluid ounce represents 120 grains of Kola (Sterculia Acuminata) whose agreeable odor and characteristic taste (without its acrid bitterness) are imparted to it in a marked degree.

KOLA owes its therapeutic value to Caffeine, Theobromine, and a principle peculiar to itself, called Kolanine. Its stimulating and sustaining effects on the nervous system are more prompt, powerful and of longer duration than that of Caffeine alone. It is also superior to Coca as a cerebro spinal stimulant, with none of the objections which so frequently follow the continued use of the latter, hence this Cordial is recommended to those whose work subjects them to excessive mental or physical exhaustion.

Heretofore all preparations of KOLA have been more or less objectionable on account of their unpalatability, owing to a peculiar bitter, acrid principle which it possesses. This Cordial combines all the valuable constituents of Kola, without any of its objectionable features, and is most delicious to taste, and efficient in action.

Samples and literature will be mailed on inquiry, and we will forward an original full-sized package to such physicians as are willing to assume the express charges.

We have in press an **Exhanstive Treatise on Kola**; its History and Therapeutic Range, which will soon be ready for distribution.

FREDERICK STEARNS & CO.,

Manufacturing Pharmacists, DETROIT, MICH.

WINDSOR, ONT. - LONDON, ENGLAND. - NEW YORK CITY

SEASONABLE SUGGESTIONS.

With the opening of the winter season, and its attendant bronchial and pulmonary troubles, we are having from many sections, reports of a recurrence of the La Grippe epidemic which for the past six or seven years has afflicted the country.

This fact makes particularly pertinent a recalling of the salient points of Dr. V. W. GAYLE's paper first published in the *Medical World* in the midst of La Grippe's most malignant visit. It will be well to note closely his recommendations and experience in connection with the recurrence of the epidemic which is now apparently upon us. He says: "This disease by proper treatment of an attack can be so modified as to be almost aborted. If not properly managed, influenza is particularly liable to grave complications, even in mild cases the tendency is towards prostration, and often the nervous shock is such as to materially debilitate the patient. Where there is much angina with acute bronchial irritation, the following is indicated:

℞ Ammon. Chloridi - - - - - - - ʒ ij
Potassii Chloras - - - - - - - - - ʒ j
Tinct Ferri Chloridi - - - - - - - ʒ ij
Syr. Simplex - - - - - - - - - ʒ ij
Aquæ - - - - - - - - - q. s. ft. ℥ iv
M Sig.—Teaspoonful in sweetened water every four hours, also apply to the throat with probang every three hours.

Quinine is the best germ destroyer we have for the microbe of influenza. During the recent epidemic I aborted quite a number of cases with antikamnia and quinine in combination; also with antikamnia and salol. The relief obtained by the administration of antikamnia alone, where the cephalalgia was severe, as in the majority of my cases, was wonderful. When the pain seemed almost intolerable I have seen a ten grain dose banish it.

Mustard pediluvia are of great advantage, and a plaster of mustard and lard, one part of the former to two of the latter, applied directly to the chest, answers admirably as a mild counter-irritant.

Expectorants are often needed, and antikamnia should be administeoed with them thus:

℞ Antikamnia (Genuine) - - - - - - ʒ j
Syr. Senega - - - - - - - - - - ʒ j
Vini Ipecac - - - - - - - - - - ʒ iij
Syr. Tolutan - - - - - - - - q. s. ft. ℥ iv
Mix and let stand until effervescence ceases.
Sig.—Teaspoonful every two hours.

The mild chloride of mercury in minimum doses often repeated will be beneficial. The following prescription is a favorite of mine:

℞ Hydrarg. Chlo. Mit. - - - - - - - gr. j
Sodii Bicarb. - - - - - - - - - ℈ i
Lactopeptine (Genuine) - - - - - - ʒ ss
M. ft. Chart No. X. Sig.—One every hour until all are taken, followed by a full dose of hunyadi janos water."

"Antikamnia and Quinine Tablets," containing 2½ grains each of antikamnia and quinine, also "Antikamnia and Salol Tablets," containing 2½ grains each of antikamnia and salol, offer the best vehicle for exhibiting these combinations, giving one every two or three hours.

Gayle concludes his paper as follows: "What is mostly needed is an antithermic analgesic to relieve the pain and reduce the fever. These properties are found in antikamnia. This with the germ destroyer quinine is all that I really needed in the treatment of this disease. I advocate the use of stimulants in nearly every case. They are frequently needed in the onset of the disease. Sprays of carbolic acid, turpentine or resorcin are frequently efficacious in the laryngeal troubles. The diet should be light and easily digestible. By careful attention and avoidance of exposure, together with the line of treatment mapped out, the vast majority of cases will recover. Of course, there are occasional cases which present symptoms which require other remedial agents, but these of necessity must be left to the discretion of the medical attendant."

The Modern Treatment of Diphtheria.

Fischer, of New York, contributes the following conclusions to the Post Graduate:

1. Local disinfection—careful, distinct nasal antisepsis by means of naso pharyngeal irrigation, this can be done by irrigating with warm salt water (1 drachm to the pint); the addition of bichloride of mercury (1 grain to the pint), or of borax (1 to 2 drachms), or acid salicylic (4 grains to the pint), is regarded as an improvement by some. It should be thrown with enough force to flow out of the other nostril and partly by the throat. Tearing the membrane by using force will cause epistaxis, and is not advisable. Jacobi says in his treatise of diphtheria (page 208): "When they see benzoate of sodium destroying bacteria in a glass vessel, they take it for granted that the human system will permit of the same action as a glass vessel. Thus benzoate of sodium is sent into the stomach or pulmonary artery under the order to do the same as it does in the laboratory. The drug has, in consequence, had a short life, after having been extolled in a very limited time by microscopists," etc.

Jacobi concludes by saying that as an anti-diphtheritic or antipyretic it utterly failed. Frequent applications of pepsin, trypsin, or papayotin, with a medicine dropper, may be indicated in some abstract cases. Naso-pharyngeal irrigation will cause the neighboring enlarged glands to become reduced in size quicker than all other treatment combined.

2. Sponging with peroxide of hydrogen hourly.

3, Internal administration of stimulant drugs—ferric chloride for tonic effect. Alcohol, no matter at what stage, is indicated in all cases of septicemia, be they diphtheritic or not.

4. Liquid diet—milk, beef-tea, milk-punch; rectal feeding if necessary.

5. Local applications of cotton swabs moistened with bichloride (1 to 1,000 to 1 to 500). applied with great pressure every two hours, as an abortive plan of treatment, if the case is seen early.

6. Antipyretics. If at all useful, salicylate of sodium is the best, in doses of 2 to 15 grains every two hours or more, according to the age and tolerance of the patient. If the drug is not well borne, antipyrin or antifebrin may be given.

The temperature in uncomplicated cases of diphtheria has given little trouble, except when complicated by scarlatina. Cold applications—cracked ice and ice cream—are very grateful to patients.

Calomel, to empty the bowels and reduce the temperature, is a mercurial salt, besides being a valuable intestinal antiseptic. Orange and lemon juice are also highly beneficial. The complications and their management must be considered in each case. So must the question of intu-

bation and tracheotomy, to which the author only refers. Every case must be studied, and the treatment based on the previous habits, the general condition. the severity of the attack and the amount of the infection.—*Fort Wayne Med. Mag.*

The Treatment of Whooping-Cough with Quinine.

Baron (Berliner klinische Wochenschrift) reports on fifty cases of whooping-cough treated after the old manner of Benz-Ungar, which they advocated in 1868. In a few children the good action of quinine was noticed in two or three days, but in most of the children the results were shown after several days.

The first evidence of value is the lessening of the night attacks. The improvement continues until health is restored, unless the dose be too suddenly reduced. The author continues the administration of quinine for three weeks. Relapses do not occur in children treated with quinine. In spite of the fact that the quinine was not given as regularly as directed in more than half the cases, there were only two failures noted. The treatment is of unusual value in the cases of acute inflammation of the lungs caused by the whooping-cough.

Since the thorough trial of quinine, whooping-cough has lost all its terrors to the author.

The proper dose of quinine is one-sixth of a grain for each month of a child's age, and one and a half grains for each year, given three times in the day, at 6 A. M. and 2 and 10 P. M. More than six grains three times daily is not necessary for older children. As the case improves the number of daily doses is decreased.—*University Medical Magazine.*

Effect of Mercury on the Kidneys.

Welander (Hygeia) has had the opportunity of observing ninety-seven cases of syphilis before treatment with mercury and during the administration of the drug. He found that its elimination was accompanied by a greater or less irritation of the kidneys, manifested by casts in the urine. These casts increase in proportion to the length of the treatment, gradually decrease after its cessation, and generally disappear within a month or six weeks. No injury to the kidneys, either temporary or permanent, was observed.—*Universal Medical Journal.*

It is impossible to estimate the number of people who die annually of exhaustion in sickness while receiving the treatment that their diseases respectively demand. The friends and relatives are told the same old story: "you did not call me in time. He died of exhaustion before the medicines had time to correct the disease." Renew your patient's strength with Codliver Clycerine and bridge them over this period until the curative medicine has had time to act. It mixes with all medicines.

Mechanical Insufficiency of the Stomach.

According to Boss, the expression ectasis, or dilatation of the stomach, is not in accord with the present stage of science. The determination of the size of the stomach is no criterion whatsoever for the disease "dilatation of the stomach," since it is almost impossible to obtain a correct opinion of the size by the different methods at present in use, because a stomach which is easily extensible can rid itself of its entire contents, whereas one which can only be extended with difficulty will never become empty. Fortunately this method of examination is not the only one at our command—the fluctuation of the stomach, the gurgling when the organ is empty, the presence of peristaltic or other movements, diminished urine, thirst, severe constipation, copious vomiting, and previous history, are much more important than the determination of the size and position.

In the diagnosis the most important point is not whether the stomach lies higher or lower, or whether it is smaller or larger, but what it is able to accomplish. Instead of the expression "dilatation of the stomach," "mechanical insufficiency" should be used.

What method is there for diagnosing the presence and degree of a mechanical insufficiency? The best way is to determine whether the stomach will rid itself of a meal of known quantity in a specified time. It is best to examine the stomacn in an empty condition. Give the patient a supper of cold meat, white bread and butter, and a large cup of tea given at eight o'clock in the evening. A normal or slightly atonic stomaeh will completely get rid of such a meal during the night, but if the motility is greatly reduced, certain portions of the meal will remain in the stomach, and the contents can be examined in the morning as to their quantity, acidity, and process of fermentation. If the stomach constantly shows such masses, which have usually undergone fermentation, a severe motor insufficiency is undoubtedly present. If the stomach is empty after such a meal it is either entirely healthy or only slightly insufficient.

We can recognize two degrees of mechanical insufficiency: the first, or slight, and the second, or more severe insufficiency. These two degrees can be separated as regards course, prognosis, and treatment.

The course of a mechanical insufficiency of the first degree, which is called atony, is a chronic one; the symptoms are less characteristic and are those of a chronic dyspepsia; vomiting, if present at all, is slight, and it never contains products of fermentation. In such cases it can be shown that the stomach works slowly, but still empties its contents completely. The chemical contents of the stomach is of less importance than the microscopical; by this it is seen that the characteristic sarcinæ are only rarely present, bacteria are scanty. The bowels are either slightly costive or normal The prognosis of this degree is not bad, as a cure is frequently effected.

The forms of mechanical insufficiency of the second degree, as far as they are not due to stenosis of the pylorus, are caused by irregular living or excesses in eating and drinking, and in these the prognosis is much worse, the most dangerous symptom being inanition. Cures may, how ever, take place even here.

In the treatment the stomach must have as much rest as possible. In insufficiency of the second degree carbo-hydrates and fats should be restricted. Massage, faradization, and hydro therapeutic measures may be successful. In severe cases, the stomach must be washed out, antifermentative remedies given, and the patient fed per rectum. Salicylic acid especially is of great importance.—*American Medico-Surgical Journal.*

The Frequency of Renal Albuminuria, as Shown by Albumin and Casts, Apart from Bright's Disease, Fever, or Obvious Cause of Renal Irritation.

Shattuck (Boston Medical and Surgical Journal) has examined the urine of patients seeking his advice for various ailments. He has used it boiling with additions of nitric acid and the Heller test, and considers them the most satisfactory.

He concludes his article as follows:

1. Renal albuminuria, as proved by the presunce of both albumin and casts, is much more common in adults, quite apart from Bright's disease or any abvious source of renal irritation than is generally supposed.

2. The frequency increases speedily and progrossively with increasing age.

3. This increase with age suggests the explanation that the albuminuria is often an indication of senile change.

4. Though it cannot be regarded as yet absolutely proved, it is highly probable that faint traces of albumin and hyaline and finely granular casts, of small diameter are often, especially after 50 years of age, of little or no practical importance.—*University Medical Magazine.*

Remarkable Growth.

The most remarkable instance of rapid growth is said to be recorded by the French Academy in 1729. It was a boy 6 years of age, 5 feet 6 inches in height. At the age of 5 his voice changed, at 6 his beard had grown, and he appeared a man of 30. He possessed great physical strength, and could easily lift to his shoulders and carry bags of grain weighing 200 pounds. His decline was as rapid as his growth. At 8 his hair and beard were gray; at 10 he tottered in his walk, his teeth fell out and his hands became palsied, and at 12 he died with every outward sign of extreme old age.

A Remedy for Whooping Cough.

By R, E. Hinman, M. D., Atlanta, Ga.

Early in May of the present year, I received by the kindness of Schering & Glatz, a sufficient quantity of Formalin to thoroughly test it under various conditions. The results prove beyond doubt its remarkable antiseptic properties. Its action as a general antiseptic I shall not dwell on, but desire to call attention to conditions where it showed peculiar and valuable characteristics, especially in whooping cough.

There is probably no disease of childhood so discouraging and intractable, and especially when it appears in juvenile institutions, so persistent in its development of new cases among the uninoculated. On the 15th of June, whooping cough being epidemic among the children at the Crittenden Home, near this city, I was requested to treat them. There were thirteen cases, in all stages, when the treatment given below was commenced. The patients were all placed in a closed room and a one per cent. solution of Formalin was sprayed from an ordinary hand bulb atomizer for ten minutes three times a day, the spray being thrown above the heads of the patients, saturating the air and inhaled by them.

A marked improvement was noted within two days, and after two weeks' treatment all were well and no new cases have developed.

In age these cases ranged from three months to four years, with one exception, a girl of about fourteen, whose duty it was to operate the spray.

It was with this last case that the result was most marked. Previous to the use of the spray the paroxysms had been so violent that she would rush to the open air and cling to some support, and cough until relief would come through sheer exhaustion. On the fourth day of the treatment the cough had so modified that only one or two comparatively mild paroxysms occurred, and after the fifth day none at all.

About the 20th of August I treated fifteen cases of the same disease at the Inman Orphanage. Here I used the steam atomizer and a one per cent. solution of Formalin for twenty minutes, three times a day, the room being closed as before. The result was better from the increase. Recent cases cured within a week, and all in ten days. The attendant, a woman of about fifty, reported great relief from the effects of the spray, of a troublesome bronchitis of years' standing.

These results undoubtedly prove the efficiency of the drug, and give it a definite position in the treatment of this harassing and heretofore intractable disease.

The simple method of application will appeal to all who have seen the disease in children's institutions, and experienced the difficulty of giving ordinary remedies.

In five cases of scarlet fever its modifying influence was immediate

and marked, one comfort to the patients being the complete absence of flies and mosquitoes from the apartment after its use.

I am now testing its efficiency in two cases of pulmonary tubercu losis, but cannot report, as the treatment has only just begun. Its application to diphtheria suggests itself.—*The New York Medical Times, November, 1894.*

Diabetic Coma.

From observation in 400 cases of diabetes, Kulz found that numerous casts appeared in the urine before and during diabetic coma. Only a minimal amount of albumin was present as a rule. The occurrence of casts in the urine is, however, of great importance, and a noteworthy prognostic sign of approaching coma. No difference was noted in the number of casts, whether the coma terminated fatally or in temporary recovery. With the disappearance of symptoms of coma, the casts vanished from the urine. Sandmeyer also made a communication on this subject at the German Congress f. innere Medicin in 1891. In 20 cases of diabetic coma he found numerous casts in every case. They were present when the prodromal symptoms occurred and also when the coma was marked. —*Braith. Retrosp.*

Treatment of Hidrocele.

A letter from France to the Med. Press and Circular says that the classical treatment of hydrocele, puncture and injection of tincture of iodine or some other irritating liquid, has been rendered much more simple by a surgeon who has published the result of several cases cured rapidly by the method. He inserts the trocar into the most dependent part of the tumor and removes the liquid; he then injects a five per cent. solution of carbolic acid, which is removed almost immediately. The trocar is introduced a second time into the canula, and pushing it up toward the highest point a counter-opening is made. The trocar is again withdrawn, and a drainage tube is passed through the canula and left in position, the canula being removed. The patient can immediately get up and walk about. The drain is withdrawn on the fourth day, and in a week the man is cured.—*Ex.*

The usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the profession.

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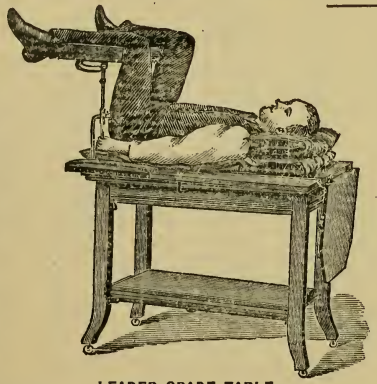

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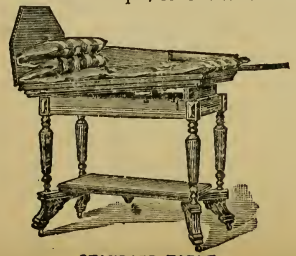

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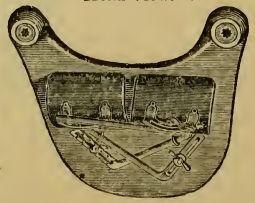

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Clinical Experiences with Solutions of Pyrozone.

Dr. Frank L. Shattuck, of the Detroit College of Medicine says: "Having used all of your preparations of pyrozone quite extensively, I can vouch for its merit. consequently it will not be necessary to reiterate what has already been said.

I always rely on surgical treatment for a curative process in pyorrhœa alveolaris; afterward prescribe to the patient pyrozone 3 per cent. as a palliative.

As pyrozone, after its composition, leaves no mrterial in the system which is foreign, it is, therefore, the most efficient and harmless disinfectant or prophylactic that can be used, in all forms of purulent inflammation,

In the 25 per cent. solution (aside from its use in pyorrhœa) I find it the "acme" of protection in restoring discolored teeth. To be able to enliven its energy by heat is its truly remarkable power, as upon heat we depend very greatly.

I might add that in all the several applications of pyrozone heat will only render its power more effective."

Dr. W. S. Gleason, of Newburgh, N. Y., in an article entitled, "The use of Antitoxin in Diphtheria following Scarlet Fever," published in the "Medical Record" of November 10, 1894, states:

At this time, when, as a profession we are awaiting with interest the effect of the use of antitoxin upon the human subject, I feel that the following results should not go unrecorded:

On the morning of October 5th I was called to see John ——, aged eight, a robdst boy, son of vigorous parents. I found upon examination well-marked evidence of scarlet fever; temperature 104° F.; pulse 140; upon my evening call, temperature 105° F.; pulse 144. The temperature unless reduced by antipyretics, ranged between 104° and 105° F., with but slight variation between the morning and evening observation.

On the second day of the disease a fibrinous exudate made its appearance on both tonsils and pharynx, with intense tonsillar enlargement, and in spite of thorough pharyngeal disinfection there was great difficulty in swallowing. Gradually the appearance of the exudate changed its appearance and upon the seventh day from the time of my first call I felt that I had a true diphtheria engrafted upon the scarlatina angina. Starr brings out the fact in his "American Text-Book of Diseases of Children." As we have not the means to make cultures in our city, I was not able to verify the presence of the Klebs–Loeffler bacillus. The temperature, if unrestricted remained at 104 3-5° F.; pulse 150; glands of the neck enlarged, and an excoriating nasal discharge was present.

At three o'clock, in the afternoon of October 12th, I made my first

injection of Aronson's serum, using twenty minims, followed by a second injection of forty minims in six hours. With close observation I could not appreciate the least reaction as an immediate result of the injection. Twenty-four hours from the last injection the temperature dropped to 99° F., with a corresponding amelioration of the symptoms. There was an evening rise of temperature to 103° F., but from that time, October 12th, to this date, October 23d, the patient has steadily convalesced, with no decided fluctuation of pulse or temperature. I combatted the scarlatinal conditions with carbolized inunctions to the body, lime water, and peroxide of hydrogen sprays for throat; and a judicious use of quinine and phenacetine as antipyretics. The diphtheritic manifestations were met with the same spray for throat, and bichloride irrigations, 1 to 1,000, for both throat and nares. Internally full doses of mercuric bichloride. For forty-eight hours preceding the use of the serum, the heart flagged and required careful stimulation. The fact that within twenty-four hours after the use of the serum such a remarkable change took place proved to me conclusively that the absorption of septic material ceased at once, and produced a reaction not found in such intense conditions.

Eczema of the Hands in Surgeons.

At the Twenty-third Congrass of German Surgeons, according to a report published in the Gazette Hebdomadaire de Medecine et de Chirurgie, Dr. Lassar states that. in his opinion, the eczema of the hands frequently seen in surgeons was produced by antiseptics, which, although they caused cutaneous alterations which were hardly appreciable, were yet sufficient to explain the particular sensibility of the skin. This, he thought, was the reason of the frequency of relapses. As to the treatment, all that was needed to cause the eczema to disappear was to change the antiseptic often. As a preventive, he recommended rubbing the hands, after washing them with soap, with a mixture of equal parts of vaseline, lanolin, olive oil and glycerin. Dr. Rotter recommended an ointment composed of from one to two parts of formol, one hundred parts each of zinc oxide and talc, and two hundred parts of vaseline.—*N. Y. Med. Journal.*

Nitro-Glycerine in Sciatica.

Dr. Lawrence (Revista de Ciencias Medicas de Barcelona) reports the case of a carpenter of fifty-two years, who suffered for several weeks with sciatica. In order to relieve the pain he had become a morphine user and could not abandon the habit. After trying a multitude of drugs he gave him a 1:100 solution of nitro-glycerine, one drop three times a day, gradually increasing the dose to five drops. Relief was almost immediate, and in ten days he could resume his work, completely cured.—*Lancet Ciinic.*

Anesthesia by Cocaine Deprived of Its Disadvantages by Trinitrine.

Dr. Gautier (Wien. Med. Presse) recommends the addition of trinitrine to solutions of cocaine in order to render anesthesia by this drug innocuous.

Cocaine muriate	3 grains
Alcoholic sol. trinitrine	10 drops
Distilled water	2½ drachms

A hypodermic syringeful of this solution contains one-third grain of cocaine and one drop of the trinitrine solution. He has used this solution for two years without the slightest disadvantage. Thomas, of Marseilles, has employed this same solution in anesthesia of the fauces and larynx. In three cases where a ten per cent. solution caused grave symptoms of poisoning this preparation was used with success. In all cases it was well tolerated. His solution was made according to the following formula :

Muriate of cocaine,	45 grains
Alcoholic sol. trin. (1:100)	40 drops
Distilled Water,	1 ounce

Local applications to the pharyngeal or laryngeal mucous membrane does not produce the well-known sensation of dryness which is usually observed with the use of cocaine, but an agreeable feeling. Trinitrine does not appear to reduce the anesthetic and vaso-constrictive action of cocaine.—*Lancet Clinic.*

The Cure of Progressive Paralysis.

Marro and Ruata, Royal Academy of Medicine in Turin (Gazz. degli Osped) : The speakers presented a man and a woman who had been treated for progressive paralysis, one being quite cured since three years, and the other since one year. The mode of treatment consisted in causing the formation of subcutaneous abscesses in various places on the back along the spinal column, by means of cantharidate of potassium injections in the man, and essential oil of turpentine in the woman.

During the discussion, Lombroso stated that he thought the recovery due rather to the general febrile state induced by the injections than to the formation of abscesses. He recollected having seen several recoveries from progressive paralysis after the occurrence of small-pox, and confessed that he had once artificially caused small-pox in a patient, this measure being followed by recovery.

Marro said he would not insist upon the exact explanation of the curative process, and would merely remind his hearers that in variola there was an extensive suppuration. Lombroso asserted that he could call to mind a case in which the patient had been cured after an attack of typhoid in which there is no suppuration.

Contribution to the Study of the Etiology of Varicocele.

B. S. Talmey, M. D., in the American Medico-Surgical Bulletin, is quoted as saying that masterbation is almost always the pathological cause for varicocele. There can scarcely be a greater unnatural irritation of the nerves than that caused by onanism. During such an irritation the testicles being in a secretory condition are supplied with a greater amount of blood, and anything that increases the amount of blood to the testicles is surely a cause for varicoeele. Through the continued high pressure the walls of the vein becomes lax, flabby, and unresisting and the vessels enormously dilated. The elastic and contractile tissue of the venous walls is absorbed and replaced by a low grade of connective or fibrous connective tissue. The same condition as in the spermatic cord in the male is found in the broad ligaments, as the ovarian veins in the female are the analogue of the spermatic veins in the male. That varicocele is frequently formed in women after pregnancies is agreed by most writers on this subject. But the author does not remember having read about a case of varicocele in a virgin such as he once saw in a girl, whom he immediately suspected of masturbation. The sexual organs were all in a normal condition, and yet she complained of a dragging sensation along Poupart's ligament and in the vagina. The broad ligaments were thickened.—*Ex.*

Treatment of Syphilitic Dyspepsia.

Pasquale de Tullie (Il Policlinico), after stating that three fourths of the population (? of Naples) are infected with syphilis, proceeds to quote a number of recorded post-mortem observations of syphilitic lesions, mainly ulcerative, of the stomach. He points out that in certain cases of syphilis symptoms of gastric dyspepsia are prominent either soon after primary infection or at a later date. He finds that the free gastric acidity and proteolytic power are diminished in these cases. The exhibition of the green iodide of mercury gave excellent results. It had, apparently, not only a general but also a topical action upon the secreting structure of the stomach. The quantity given was about half a grain in divided doses during the day. In some of the cases the patient took as much as thirty grains before recovery was complete.—*Ex.*

Odd Methods of Syphilitic Inoculation.

Dr. W. Judkins (Jour. Cutan. and Gen. Urin. Dis.) says syphilis is so widespread and contagious that it is rather surprising that it claims no more innocent victims than it does. The author now reports two cases contracted in barber-shops, one from the use of the hair clipper and one from a papular syphilide of the barber's hands.—*St. Louis Clinique.*

Is Biliary Lithiasis of Microbic Origin?

This question was discussed in a paper by A. Gilbert and S. A. Dominci at the last meeting of the Society of Biology. Since Galippe in 1886 showed the presence of micro-organisms in biliary calculi the question has remained in abeyance until taken up by the authors. They have examined calculi from six cases. In two cases in which the lithiasis was of recent date they were able to demonstrate by coloration and culture the presence of organisms in the center of the calculi.

In two caces in which the lithiasis was of ancient date, examination yielded only negative results. In one case in which the lithiasis was of equally ancient date, cultures yielded only negative results, but in colored sections microbic forms were discoverable. In another case where old and reeent calculi existed together, the first gave negative results, but the second, on the contrary, gave positive rssults, both in examination of sections and by cultures. Where culture succeeded the organisms which developed belonged to the coli-baciliary species. These results are explainable by two hypotheses.

First, it may be assumed that the formation of calculi has preceded their invasion by bacteria, and this hypothesis is the more tenable from the fact that in cases where calculi contained the coli-bacillus the bile was infected with the same germ.

On the other hand, it may be assumed that the infection by the coli-bacillus has formed the initial stage from which this lithiasis has proceeded.

The authors adopt the second of these hypotheses. They have tried to verify the theory of the microbic origin of biliary lithiasis experimentally, and with this object they injected into the gall bladder of three dogs cultures of Eberth's bacillus and into the gall bladder of one dog Escherich's bacillus. Of the animals inoculated with the first-named bacillus the first succumbed at the end of a month with a suppurative cholecystitis and double pneumonia. The second died in three months without lesion of the gall bladder, and with a magnificent (*sic*) vegetating endocarditis of the mitral and tricuspid valves. The third was killed after three months, as also the animal inoculated with the coli-bacillus, but nothing was discovered after death. The experiments, under different conditions, are to be pursued by the authors.—*Med. Press and Circular.*

Treatment of Leucoplakia.

Dr. S. Rosenbeag (Muenchener Medicinische Wochenschrift, No. 39, 1804), in an obstinate case of leucoplakia of the tongue which had been treated in vain with the most varied remedies for seven years, caused the disease to disappear in a few days under local applications of a 20 per cent. solution of the iodide of potash.—*M. and S. Reporter.*

Notice.

Considerable interest is being evinced by physicians regarding the tonic stimulant action of Kola, and it is coming to be largely used in cases of nervons exhaustion, as it combines the invigorating properties of caffeine, with the stimulating effects of theobromine and Kolanine, which latter peculiar principle is claimed by some investigators to be superior to cocaine as a stimulant, without the enslaving properties of the latter alkaloid. Kola in the form of a fluid extract is acrid and bitter in taste, which renders it unpleasant to administer, and manufacturing pharmacists have devised many compounds and elixirs as well as combinations with other drugs, without being able to present a palatable preparation. After long study, and experimental investigation, Frederick Stearns & Co., of Detroit, Mich., by an original process have at last produced such a preparation—Stearns' Kola Cordial—that is freed from acrid bitterness. It is one-fourth the strength of the fluid extract, and is in the form of a delicious cordial, being the only palatable preparation of the drug pure and simple that has been devised.

Messrs. F. Stearns & Co. were the introducers of Kola to the medical and pharmaceutical professions of this country, and refer inquirers to the "New Idea" of June, 1882, and June, 1883, where the drug was first mentioned. They have now in press an exhaustive treatise on Kola, its history and therapeutic range, which will soon be ready for distribution to physicians who are interested in the subject, and they invite correspondence regarding the drug itself, and Stearns' Kola Cordial, samples of which, with full descriptive literature will be mailed on request. Write them.—*New York Med. Journal.*

A New Process to Conserve Fresh Milk.

This new method of preserving milk is original, and, it is said, very effective. Large cylinders are partly filled with the milk, after which oxygen is forced into the cylinders at a pressure of two atmospheres. This procedure entirely sterilizes the milk, which may then remain for months in the cylinders without undergoing any change. It can be sent on long voyages with perfect safety. When it is wished to use the milk the gas is allowed to escape, and the contents of the cylinder are then found to be just as sweet as when first put in.

The following micro-organisms have been found to be eliminated from the system by the liver through the bile: The bacillus of glanders, the bacillus of typhoid fever, the spirillum of cholera, the bacillus coli commune, the bacillus of anthrax, the staphylococcus pyogenes anreus the bacillus pyocyaneus, Friedlander's pneumococcus and the bacillus murisepticus.—*American Medico-Surgical Bulletin.*

THE BEST ANTISEPTIC

FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic, Non-Irritant, Non-Escharotic—Absolutely Safe, Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.
DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,
INDISPENSABLE FOR THE DENTAL TOILET.

DISEASES OF THE URIC ACID DIATHESIS.

LAMBERT'S LITHIATED HYDRANGEA.

RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.
DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-lithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

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suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE AND LAMBERT'S LITHIATED HYDRANGEA.

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SPRINGER, N. M., December 11th, 1893.

THE HALL CAPSULE CO., Cincinnati, O.:

Gentlemen:—I received the 1000 Ruby Capsules sent me by mail sometime since, and am very much pleased with them. They are pretty as they are useful, are excellent in quality, and the most convenient means I have ever seen where two kinds of medicine are given in capsules to be taken in alternation. I enclose postal note, one dollar. Kindly mail me another 1000 of the No. 2.

Yours, etc.,

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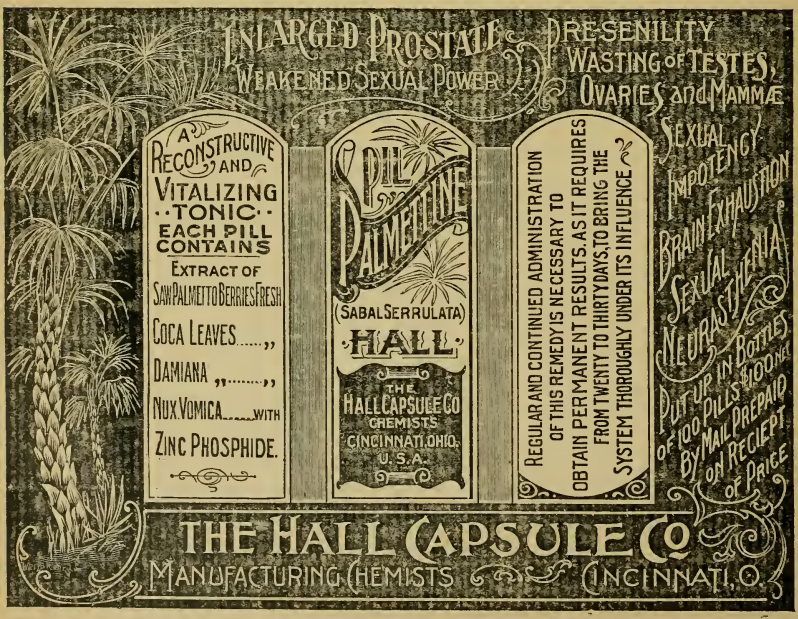

A Pronounced Opinion from the Veteran Editor of the Memphis Medical Monthly.

October 22, 1894.

Gentlemen:—Your kind favor of 20th inst., received this evening, after my return from Ship Island, Miss.

The "Antikamnia and Codeine Tablets," which reached me also, were exactly what I wanted. Having been exposed to the Gulf breeze all day, I returned suffering intensely with gastralgia and pleurodynia. One of the tablets gave me relief, and I have since had my supper and feel quite comfortable.

In the fact that your preparation, antikamnia, has no depressing effect upon the cardiac force, you have much for congratulation, and the field for its usefulness may be viewed like the horizon—the nearer you approach it the widea its recognized extent.

Yours cordially, F. L. Sim, M. D.

To The Antikamnia Chemical Co.

Lesions of the Stomach Stimulating Cancer.

In Paris lately, M. Ferrier drew the attention of his colleagues of the Surgical Society to a form of gastric disorder simulating cancer, which was much ignored in a surgical point of view in France. A woman entered the hospital with gastric trouble, presenting all the symptoms of cancer and coinciding with the existence of an epigastric tumor. M. Ferrier performed laparotomy for exploring purposes, and found the stomach adherent to the walls of the abdomen and to the left lobe of the liver. After breaking down these adhesions, the operator closed the wound, and the patient gradually lost all bad symptoms, and left the hospital quite recovered. In concluding, M. Ferrier said that in many cases, purely inflammatory lesions could simulate cancer, and an exploring operation would put the case in its true light and do no harm to the patient.—*Med. Press and Circular.*

Relation of Tuberculin to the Blood Cells.

As the result of recent experiments, Dr. Maurel finds that tuberculin, in the doses in which it is already employed therapeutically, has no sensible effect upon either white or red blood cells. His experiments also show that human leucocytes are able to resist successfully the bacillus tuberculosis, and that it is only neeessary to attenuate the bacillus to a slight degree to enable the leucocytes to destroy the microbe. The experimenter suggests that it is only necessary to discover some agent capable of doing this to cure one of the most dreadful maladies with which the human race is afflicted.—*N. O. Med. and Surg. Journal.*

Experience in Nutrition with Somatose.

An interesting series of experiments has recently been made by Drs F. Kuhn and K. Volker (Deut. Medic. Wochenschr. No. 41, 1894,) at the Medical Clinic of Prof. Riegel of Giessen, having for their aim the determination of the dietetic value of Somatoes, the new albumose food product. The results of these experiments which were made in the most thorough and careful manner on human beings are formulated as follows by the authors:

1. If administered in connection with a diet, the nitrogenous constituents of which are inadequate to supply the needs of the organism for proteids. Somatose is capable of completely taking the place of the albumin in the food. Somatose is, therefore, a representative of those preparations which consist exclusively of certain albumoses and is able to maintain the body in a condition of nitrogenous equilibrium.

2. In combination with a diet not deficient in albumin, Somatose cannot always replace meat, since in the presence of a large quantity of nitrogenous elements in the additional food, Somatose is of itself insufficiently utilized, and also, by producing diarrhœa, impairs the absorption of other albuminous bodies in the additional food.

3. Inasmuch as the absorption and assimilation of Somatose in the intestinal is is materially influenced by the quality and quantity of the supplementary food, its utilization may be greatly increased by diminution of the nitrogen in the supplementary food by addition of meat to the latter. The same result is brought about by diminishing the quantity of introduced Somatose.

4. If attention is paid to this point Somatose is well borne by patients without after-effects. Large quantities act laxative and produce some diarrhœa. Somatose is well tolerated by phthisical patients with intestinal lesions and profuse diarrhœa, and frequently better than meat.

5. In certain forms of gastric trouble Somatose is more suitable than other albuminous products, whether because of mechanical reasons or whether in consequence of the secretory conditions of the stomach.

6. Somatose cannot be utilized for nutritive enemata.

Dr. R. Cantalupi, writing from Naples, Italy, under date of July 24th, 1893, says:

Bromidia has produced successful results in all the most varied forms of Insomnia. Among others who have been benefited by its use is Professor Cesare Olivieri, well known as a most distinguished surgeon in this city, and who, after undergoing tracheotomy for neoplasm in the larynx, suffered terribly from Insomnia, which the usual hypnotics all failed to relieve. Hearing of this, from a mutual friend, I advised the use of Bromidia, which promptly produced the desired result.

The Doctor's Wife--An Important Factor in His Success or Failure.

Much has been said of the trials of the doctor's wife. Complaint is often made because the doctor leaves his wife so much alone; because he does not go with her to parties, to the theatre, or pleasure driving; does not spend many evenings reading to her from some entertaining book; is not always bubbling over with animated spirits after the performance of his daily tasks, ete.

We have observed that he who has such a wife, or one not content to share the life of the busy doctor, is doomed to failure more or less complete. On the other hand, when the doctor's wife takes a pride in her husband's work, enters into his life, is proud of his success and sympathetic with his failures, then the doctor succeeds.

Dr. E. C. Valentine (Medical Record) tells the following illustrative of many points in the success of the doctor and his wife. He says:

"Once I had occasion to call on a successful practitioner, whose home life, because of its happiness, was the subject of much comment. The doctor was not at home. His wife urged me to wait for the doctor, as she had sent for him a moment before. I explained that I was not a patient but a colleague. 'I am so glad, doctor,' she responded, 'won't you come in quickly, please? I have a man on the operating-table with I think, his posterior tibial artery cut. I controlled the hæmorrhage with an improvised tourniquet, but, of course, would not attempt to ligate.' I then observed that Mrs Doctor had stained her elegant dress with blood. Her hat and gloves were lying on the floor of the operating-room. The patient was lying with his injured leg raised on an inverted chair, the trousers and drawers slit, and a tourniquet neatly applied to control the bleeding. Just then the husband came in. She assisted him at the ligation; pride in her husband and in herself gleamed in her eyes, and when all was done she patted him affectionately on the cheek and said, 'Goodbye, darling.' 'But, dearest,' he said, 'you have lost the matinee in conaequence, and your new dress is ruined.' 'What is a matinee or a new dress to seeing a good operation performed by a good surgeon, and that surgeon my husband?'"

Dr. Valentine remarks: "This woman was proud to possess her husband; she sought happiness in being his wife, and did not complain because the world called her the wife of Dr. ——. Is it a wonder that such a man succeeds? He leaves home with encouragement from her; he hurries home when tired, exhausted, in doubt, to get more encouragement and stimulus for study and work from her; she is all and everything to him; both are happy, and she consequdntly does not fly into print to proclaim what a miserable creature she is."

With shadings to suit each individual case, this story is typical of the

true wife—the true doctor's wife. Such a wife is a priceless life-partner to the doctor.—*American Lancet.*

A New Operation for Procidentia Uteri.

In a short preliminary Dr. H. W. Freund (Central f. Gynæcol.) calls attention to two cases of procidentia uteri cured by means of silver-wire sutures circularly drawn underneath the mucous membrane of the vagina. The sutures are placed in such a manner as to form a supporting pillar to the uterus, and tighiened sufficiently to prevent prolapsus after replacement. The technique is simple. The silver wires, usually four or five in number, are drawn by means of a curved needle underneath the mucous membrane of the vagina, the first wire being about one inch from the os externum. The wire is carried underneath the mncous membrane to its full circumference, always re-entering the puncture of exit until it reaches the first puncture, when the portio vaginalis is pushed back by an assis tant and the wire drawn tight, twisted and allowed to sink beneath the mucous membrane. In distances of three-fourths of an inch the sutures are introduced until the vagina is reinverted and the uterus replaced. Care must be taken not to allow any of the wire to lie on the surface lest suppuration and necrosis should follow.

In the two cases reported only local anesthesia was resorted to and the results were highly gratifying. The cases operated upon had both passed the menopause, and thc author questions the advisability of using this procedure on women liable to become pregnant.—*Cincinnati Lancet Clinic.*

Sanmetto in all Urethral Inflammations, and as a Vitalizing Tonic to the Reproductive System.

I desire to give unqualified recommendation to Sanmetto in all cases of urethral imflammation. As a vitalizing tonic to the reproductive system, I know of no preparation, or combination of medicines, that will do its work so quickly and pleasantly as Sanmetto. My experience with it has extended over quite a large number of cases, embracing cystitis, difficult and painful micturition, chronic gonorrhœa, seminal emissions, enuresis, and enlarged prostate, and I propose to usd it in all diseases of the genito-urinary organs, for the best reason, viz: It does not disappoint the patient or the yhysician.

Chaska, Minn. F. D. Chapman, M. D.

"Paskola" can be practically duplicated by the following formula:

℞, Glucose syrup,..... 1 pound
Hydrochloric acid..... 50 drops
Sulphurous acid, u. s. p. (freshly prepared)..... 6 or 8 drops

Cauterization of the Nares and Accidents that may Follow.

Dr. E. F. Ingals, of Chicago, believed that, when properly done, this operation is quite as free from discomfort or danger as auy other minor surgical procedure. Serious results were due to carelessness or inexperience upon the part of the operator, which induced him to make extensive wounds or to repeat burnin_s too frequently. He summerized his conclusions as follows:

1. It is important that antiseptic applications be regularly employed after cauterization of the nasal mucous membrane, and that the nostril be closed by cotton for several days, whenever the patient is out of doors, to prevent taking cold.

2. As a rule, at least two weeks should intervene between operations upon opposite sides, and three or four weeks between those on the same side.

3. No serious results are at all likely to follow cauterizations made in this way.

4. Practically, all cases of hypertrophic or intumescent rhinitis may be cured by this treatment, though occasionally portions of the turbinated body must be removed.—*Journal Americal Medical Association.*

What We May See in the Sputum.

Microscopical examinations have so far superseded the older methods that we frequently overlook many valuable points of diagnosis that might be observed with the unaided eye. We may first observe the quantity, reaction and consistence.

Patients with bronchitis or cavities, and especially cases of bronchiectasis, have the largest quantity.

Unless contaminated with vomited matter, sputum is always alkaline.

Mucus sputum usually occurs early in acute bronchitis.

Muco-purulent sputum in chronic bronchitis and in phthisis, or in later stages of acute bronchitis and pneumonia.

Purulent sputum (nearly pure pus) indicates a cavity or an empyema.

Serous sputum is fluid, and contains albumen and is frothy. Characteristic of edema of lungs.

Blood expectorated from the lungs is usually bright red, frothy and alkaline. From the stomach it is dark, nearly brown, and acid in reaction.

Coal soot makes a black or gray sputum.

Fibers and pieces of lung tissue indicate a cavity.

Fibrinous casts indicate fibrinous inflammations. These are frequently found in croupous bronchitis.—*Kansas Medical Journal.*

Concerning the Treatment of Abortion.

Eckstein (Prager medicinische Wochenschrift), as assistant in Martin's clinic, has had opportunity to study sixty cases of abortion, treated by Martin's principles in his private clinic in Berlin. He attaches the greatest importance in the curettage of the uterus to the thorough emptying of the tubal angles, as remains of placenta or portions of membranes are especially liable to be attached there. In nearly all the cases Eckstein followed a mannal or instrumental emptying of the uterus with curettage, by the idea that an imperfect separation of the decidua and a consequent endometritis is thereby to be prevented. The results of this method were very satisfactory. From his experience he deducts the following:

1. The instrumental method of the treatment of abortion is the only rational one.

2. The recognition of the cause of bleeding from the uterus is of the greatest importance, and therefore in every uterine hemorrhage a careful examination should be made.

3. Ergot and similar drugs should only be used when the uterus is empty.

4. If abortion is in progress, a tamponade of the vagina is only indicated when there is no dilatation of the os uteri.

5. When the dilatation of the os is sufficient, the emptying of the uterus, in spontaneous abortion, is indicated.

6. In large embryos, from the fifth month on, one conducts the abortion as in labor at term.

7. In abortion attended with fever and the decomposition of the product, the uterus should be emptied of its eontents as quickly as possible.

8. A thorough curettage of the endometrium should follow every emptying of the uterus in abortion.—*Western Med. Reporter.*

Menthol in Diphtheria,

F. Kastorsky (Vratch, No. 24, 1894,) reports 37 cases of diphtheria (in 3 adults and 34 children) treated and cured by painting with a 10 per cent. alcoholic solution of menthol. The paintings, by means of a piece of cotton wool, were usually carried out three times daily. In some cases, however, a single free application was followed by complete disappearance of false membranes within two days. A marked improvement in the patient's general condition was invariably noticed from the beginning of the treatment. The same simple method was successfully practiced by the author in numerous cases of anginas of various forms, and by Trutovsky in a group of cases of scarlatinal diphtheria. The paintings are said to be painless and quite harmless.—*Ex.*

THE STANDARD HYPNOTIC, BROMIDIA.

Dose—One-half to one fld. drachm in water or syrup.

THE STANDARD ANODYNE, PAPINE.

Dose—One fld. drachm, represents ⅙ gr. morphia in anodyne principle, minus its constipating effect.

THE STANDARD ALTERATIVE IODIA.

Dose—One or two fld. drachms as indicated.

Clinical reports from eminent physicians throughout the World furnished on application.

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CHEMISTS' CORPORATION,

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WITH

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ERYTHROXYLON COCA, - - 30 GRAINS.

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We will send to any physician, who will pay expressage, an eight-ounce bottle of "Maltine with Coca Wine" and an eight-ounce bottle of any other preparation selected from our list.

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LISTOL is a new Chemical Compound of Thymol and Iodine. A safe and superior surgical dressing in major and minor surgery, dentistry, cavital ulcerations, bed sores, burns, and all erosions of the skin or mucuous membranes. It is a non-toxic, non-irritating combination of thymol-iodide, of *marked antiseptic properties.* As a dusting powder it is a perfect substitute for iodoform, with the advantage *that it is free from disagreeable odor,* and no more expensive, owing to its extreme lightness.

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EACH 5-GRAIN TABLET REPRESENTS:

Acetanilid	3 gr.	Caffeine Citrate	½ gr.
Sodium Bicarb C. P.	1 "	Monobrom, Camphor	½ "

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Lotsil	2½ gr.	Quinine Sulphate	2 gr.
Ammonium Salicylate	1 "	Ext. Nux Vomica	⅓ "

FOR LEUCORRHŒA, ULCERATION, AND ALL VAGINAL DISCHARGES.

EACH TABLET REPRESENTS

Listol	3 gr.	Ex. Belladonna	⅛ gr.
Acid Boracic	2 "	Ex. Helonias	½ "
Acid Tannic	1 "	Ex. Hyoscyamus	¾ "
Acid Salicylic	½ "	Ex. Opium	¼ "

With Ext. Hydrastis (colorless) Eucalyptol and Alum.

☞ Price per package of 50 Tablets, 60 cents. Price for 100 Tablets, $1.00. Order a sample package with literature (mentioning this journal.) All goods sent prepaid on receipt of price. For sale by all wholesale druggists.

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Successors to CHAS. M. PUSEY & CO., Pharmaceutical Chemists,

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Treatment of Inoperable Malignant Tumors.

Dr. W. B. Coley, New York, in a paper before the meeting of the American Surgical Asrociation, in Washington, D. C., reported twenty-five cases of sarcoma treated by inoculating the patient with the toxines of erysipelas and bacillus prodigiosus, with six cures. Nine markedly improved and eight slightly improved. Also eight cancer cases, all but one of which showed improvement. The author's conclusions were as follows:

First.—The curative action of erysipelas upon malignant tumors is an established fact.

Second—This action is much more powerful on sarcoma than carcinoma.

Third.—This action is chiefly due to the soluble toxines of the erysipelas streptococcus, which toxines may be isolated and used with safety and accuracy.

Fourth.—This action is greatly increased by the addition of the toxines of bacillus prodigiosus.

Fifth.—The toxines to be of value, must come from very virulent cultures and must be freshly prepared.

Sixth.—The results obtained from the use of these toxines, without danger, are so nearly, if not quite, equal to those obtained from an attack of erysipelas, that inoculation should rarely be resorted to.—*Internatiooal Journal of Surgery.*

Alcohol.

The general use of alcohol in the sick room can only be attributed to its general use as a beverage. It is given for the ostensible purpose of stimulating the patient, and many physicians unite with the people generally in the belief that it can rally the waning powers of the system. It is well to know that alcohol is a paralyzer first, last, and all the time. It paralyzes the vaso-motor system of nerves and thus dilates the arterioles. The diminished tension of the arterial system leads to accelerated action of the heart, the fact that is looked upon to establish the stimulating action of the drug. The resulting stasis of blood in the capillaries leads to impeded function, diminishing the excretion of urea and other waste products. Under this condition of blood stasis only the lowest form of nutrition is accelerated, the generation of cellular tissue. It is in this way that such diseases as cirrhosis of the liver make such inroads upon the intemperate. With such facts as these to ponder over, no physician should ever be responsible for the acquisition of the taste for alcohol on the part of his patient. There are plenty of real stimulants. Let these be chosen. —*Ex.*

Scleroderma.

Eulenberg (Wiener medizinischo Wochenschrift) cites several cases of this disease, one of which ran a fatal course in two years and began with symptoms of tabes. Later the diagnosis was trichinosis, due to the swelling of the eyelids and the muscles. Still later the diagnosis was polyneuritis. Errors in diagnosis are especially frequent when the disturbance begins in the proximal ends of the limbs. Then the characteristic signs of the disease, the tense pain, the paresthesia, the cold sensations, etc., are looked upon as signs of a nervous disturbance. In a fully developed diffuse scleroderma, of course, there can be no doubt of the diagnosis. In the beginning of the disease the marked stretching of the skin, the mask-like condition of the features, and the enlargement of the hands and feet are characteristic. The disease is rare, occurring between twenty and fifty-two years in the cases observed. The clinical symptoms are marked by disturbances of sensation. Sometimes there is motor disturbanccs, but this is seldom. There are many trophic disturbances, however. The face may become atrophied and spots of ulceration occur. In the small joints there may be enlargement of the ends of the bones. The excretion of sweat is sometimes but not always diminished. The general symptoms which occur in the most severe cases are loss of flesh and strength. There are no pathological lesions found in either the cord or the peripheral ganglia or nerves.—*Ex.*

Salicylic Acid in Acute Rheumatism.

Dr. Bourget (Rev. de Ciencis Med de Barcelona) concludes as follows: Absorption of salicylic acid by the skin is very rapid and intense. The skin of youthful individuals is most absorbent, while persons with white skins are more so than those with brown or black. The rapidity and intensity of its action are dependent upon the vehicle in which the acid is dissolved, and of these agnine is the best. Fatty substances greatly facilitate the penetration through the skin, while with glycerine or vaseline it is less. Treatment of acute articular rheumatism with a salve of salicylic acid and agnine is recommended. It is less serviceable in other forms of rheumatism, though it might be of value as an adjunct in massage. In general rheumatism it is inactive.—*Ex.*

Vomiting in Pregnancy.

Dr. Berry, in the Memphis Med. Monthly, says that where the patient is of a nervous temperament, cannot retain even a sip of tea or water, a formula composed of 1 ounce of fluid extract of valerian, 16 minims of Fowler's solution of arsenic, and 1 drachm of sodii bicarb, has never failed in his hands of producing prompt relief, when given in teaspoonful doses every two or three hours.

The Diphtheria Bacillus,

Abel (Deut. med. Woch,) refers to the fact that diphtheria bacilli may be found in the throat and nasal secretions after the end of the disease, and when the patient is apparently well. The period during which such patients can convey the disease lasts only a short time, corresponding apparently at most to five weeks. The author, however, reports a case in which these bacilli were found sixty-five days after the disappearance of the membrane from the throat. There was at this time a fibrinous ezudation in the nose from which they could be cultivated and experimented with. It has been shown that the nasal mucous membrane is a good cultivation soil for the diphtheria bacillus. This case was an example of a fibrinous rhinitis upon a diphtherial basis. Nasal diphtheria is a rare disease, with fœtid nasal discharge and severe symptoms. Fibrinous rhinitis is also an acute process, but the pharynx escapes and the temperature and general condition remain undisturbed. It appears in most cases to be a mild form of diphtheria, but it is not always so, for other micro-organisms may excite it. Patients suffering from it are not suspected and may thus convey the disease to others. The author thinks that diphtheria patients should not be discharged until a bacteriological examination has proved the absence of diphtheria bacilli. Experiments show that the bacilli cultivated from fibrinous rhinitis are virulent. The author records such a case in a boy, aged 9 years, in which colonies of virulent diphtheria bacilli were found along with the strepto and staphylo coccus. The boy had not suffered from diphtheria, but his mother had just recovered from it. The bacilli disappeared when the membrane did. The author refers to another similar case, also proved to be due to the diphtheria bacillus.—*Ex.*

Treatment of Delirium Tremens.

In the New York Medical Journal Bellamy concludes an article as follows:

1. Delirium was controlled with greater rapidity and safety by trional than by other hypnotics.

2. In the majority of cases a marked stimulant effect was observed, possibly on account of the methylic ethylic elements which enter into the composition of the drug.

3. On account of the low temperature noted in all cases, trional must possess antipyretic properties, thereby stimulating its allies of the phenol group.

4. It was always well borne by the stomach, and in one case was rapidly absorbed when administered per rectum.

5. No unpleasant after effects were observed, and in all cases recovery was speedy, with the exception of two.—*Ex.*

Contagiousness of Cancer.

At the eighth meeting of the French Congress of Surgery, held at Lyons, October 9th to 13th, (Sem. Med., 10th,) Guelliot, of Reims, presented a communication embodying the results of an inquiry as to the contagiousness of cancer begun in 1891. The number of cases collected by him in which cancer appeared to have been communicated by contagion was forty. In the author's opinion his facts show:

1. That cancerous affections are unequally distributed in adjoining districts, and that neither heredity nor consanguinity is adepuate to account for this.

2. That there are real cancer houses, the dwellers in which, though having no link of blood relationship between them, are successively or simultaneously attacked by malignant tumors.

3. That cases of cancer attacking two persons living together are relatively frequent. Of 100 such cases, published and unpublished, in 85 the persons attacked were man and wife; in 8 they were medical practitioners who had been specially engaged in the treatment of cases of malignant disease.

According to the author these facts tend to show that cancer is transmitted, directly or indirectly, and that it runs its course as an infectious disease with the average incubation of from a few months to two years, a primary lesion, then generalization. In discussing the paper, Delore, of Lyons, stated that cancer seemed to him capable of being transmitted by pregnancy. Fitteen years ago, at the congress of Blois, he had brought forward a case in point.—*Ex.*

Electricity in Amenorrhœa.

Panecki (Therap. Monatsch.) has found electricity, and particularly the faradic current, the most successful means of dealing with amenorrhœa, It is necessary that the poles should be introduced into the uterus and be allowed to act there. This treatment is well borne, and the current can be increased at each sitting, the number of the latter required averaging from five to thirty, and their duration five to fifteen minutes during successive days. The author's experience included 18 cases in which the cure of the condition was established a year or more ago, the patients still remaining well. One of these, a married woman aged 31, had never menstruated, though she was subject to periodical affections (severe headache, etc.) The treatment on various lines had extended over six years, but with absolutely no success. The author, at the expiration of one of these periods, commenced the application of the faradic current, and after 28 successive sittings a small flow became apparent. During the following interval six more applications were made, and the patient is now well and relieved of all symptoms.—*British Med. Journal.*

Treatment of Peripheral Neuritis.

Professor Leyden believes that in the case of neuritis following acute specific diseases, care during convalescence as to nourishment, rest in bed and avoidance of over-exertion contribute to prevent its occurrence. "Etiological treatment" (removal of the cause) in neuritis due to alcohol or lead and treatment of the primary malady as in diabetes is of the first importance. There is no specific remedy for multiple neuritis, and treatment by drugs does not play a very important part. Owing to the fact that rheumatism is not infrequently an element in the etiology, salicylate of sodium and other anti-rheumatic drugs had been used, without producing any good results in the majority of cases. Iodide of potassium was of use only now and then, and mercury was of doubtful value. Antipyrin, phenacetin, exalgin, euphorbia, and methylene blue were sometimes of use for the relief of pain, but it was often necessary to resort to morphine, chloral, sulphonal, etc. Strychnine, formerly much used, but lately fallen into the background, deserved to be tried; by increasing the excitability of the affected muscles it favored the return to normal functions and nutrition; it ought especially to be resorted to in progressive cases in which the respiratory movements were threatened. Leyden prefers to use it as a subcutaneous injection, gr. 1.70 to gr. 1.20 twice daily. Massage and baths were valuable auxiliaries which were indicated, especially the latter, in the later stages of the disease. General hygienic treatment was of much importance. Rest—as a rule rest in bed—was of the first importance in the early stage; in the later stage, feeding. Finally, in the latest stages of all, moral suasion, rousing the patient's latent energies, was often of great value. Passive movements and encouraging the patient to make active movements were generally attended with better results than massage in this stage. Electricity, formerly used too much, was now used too little, but its usefulness was greatly limited by the fact that in many cases the pain caused was too great to permit the treatment to be continued.—*Berliner Klinische Wochenschrift.*

A Case of Angina from Copaiba Balsam.

A young man, 22 years of age, took copabia and cubeb opiate for some days for blenuorrhagic urethritis. On the seventh day appeared a confluent exanthematous rash, simultaneously with redness and congestion of the pharynx, palate and tonsils. The uvulva was enlarged from œdema. Over the whole surface of the mucous membrane of the throat appeared a miliary eruption. The third day after the appearance the eruptions disappeared. The patient had constant mouth-breathing and consequently chronic pharyngitis, due to post-nasal obstruction from adenoid vegetation.—*Bulletin Med.*

What Cases Shall We Send to Colorado.

Dr. J. N. Hall (Texas Sanitarium): As this is quite a fair though slightly biased statement of the indications pointing to the high altitude of Colorado, it is deemed worthy of an extensive recapitulation.

1. *Phthisis.*—(*a*) The great benefit is obtained only when sent in the incipient stage. (*b*) Those cases in which digestion is fair do the best. (*c*) Little advantage to fibroid phthisis.

2. *Acute Pneumonia.*—Do badly if sent before resolution has occurred.

3. *Emphysema.*—Is generally contraindicative of heights in general, and Colorado is no exception.

4. *Chronic Bronchitis.*—Especially when bronchorrhœa is present does splendidly.

5. *Dyspnœa.*—Generally speaking, this symptom is really intensified by high altitudes anywhere.

6. *Pleurisy.*—Cases requiring tapping so commonly show tubercular trouble that they had better be sent as early as possible after the tapping, as prophylactic measure.

7. *Asthmatics.*—Advantages to these patients, as a class, very questionable.

8. *Diseases of Circulatory Apparatus.*—High altitudes is a menace to all such subjects.

9. *Chronic Malaria.*—These caser do well, as they will in any non-malarial climate.

10. *Gynœcological and Nervous Cases.*—No advantage to these.—*Am. Pract. and News.*

A New Treatment of Tapeworm.

Dr. Dronke, in the treatment of tapeworm, associates the three most powerful tenifugues, thus hoping to obtain a more active therapeutic influence. His formula is:

Honey,	℥ v
Ethereal ext. pomegranate, Eth. ext. male fern	aa gr. vijss
Kousso flowers	℥ v

M. Sig: Divide this into three parts and take them in the morning with intervals of ten to fifteen minutes, the day before the patient living, of course, on a reduced diet.

One or two hours after taking the preparation administer an ounce of castor oil. Have the patient pass his stools into a vessel filled to the brim with warm water to avoid breaking the worm.—*Lancet Clinic.*

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Syr. Hypophos. Iron. Elix. Hypophos. Quinine. (Soluble.)

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This preparation possesses all the Physiological and Therapeutical properties of the fresh glands, as ascertained by MACKENZIE and others, and is preferable inasmuch as it does not deteriorate with the lapse of time.

It is of positive therapeutic value in **Myxœdema Exophthalmic Goitre** and **Eczema** and probably in other diseases attended with a depraved condition of the system.

The dose is five minims, two or three times a day.

Its action should be carefully watched, as some persons are exceedingly sensitive to its effects, though it is confidently believed from a large experience that the dose advised will never, in adults, produce alarming symptoms, though they are almost always decided in character.

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12 Indications For the use of Wine of Coca

1. Weak conditions of the generative system
2. Sick headache, neuralgia, nervous dyspepsia
3. Opium, alcohol, tobacco or chloral habit
4. To increase the power of the mind
5. To strengthen those past middle life
6. Neurasthenia, and irritable nervous system
7. Exhaustive conditions of the nervous system
8. Depression of spirits, melancholia, hysteria
9. Muscular weakness and general debility
10. As a tonic to the voice, invaluable to speakers
11. In convalescence from exhausting diseases
12. Loss of appetite, and gastro-intestinal catarrh

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"The proportion of Alkaloid is invariable—two grains to the pint. It can therefore be prescribed with the certainty of obtaining uniform results—the active principle of the Coca leaves contained in the Wines of Coca on the market vary from nothing to ¾ of a grain. **Restorative Wine of Coca is a standard preparation."**

It is absolutely free from all those foreign substances present in all other Wines of Coca and which interfere with their curative influence. We will send a bottle free.

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Poisoning by Guaiacol.

Prof. Oscar Wyss (Deutsche Medicinische Wochenschrift) cites the first fatal case of guaiacol poisoning and directs attention to the toxic symptoms as follows:

A girl nine years of age, who had been accidently given 5 c. c. (75 drops) of guaiacol. In a short time she became unconscious; the conjunctivæ became injected, the corneal reflexes diminished and the pupils no longer reacted to light; there were frequent attempts at vomiting and the saliva flowed from the mouth in large quantities. The pulse became rapid, the sensibility of the skin much diminished. Finally the patient began to vomit; the physician detected the odor of guaiacol. The stomach was washed out, but she did not rally. The cyanosis gradually diminished, and instead of it a deadly pallor was observed; the respiration became frequent. Three and a half hours after the guaiacol had been swallowed the patient passed 100 c. c. of brownish-red urine.

The spleen and liver soon enlarged, and the temperature fell to 35.5° C. (96° F.) and small hemorrhages were observed upon the skin of the arms and legs. The urine contained albumen, blood and casts, and Ehrlich s carbolic acid test was positive.

Jaundice soon appeared, the stupor increased and the patient died on the third day.

The autopsy revealed an acute gastritis and enteritis, parenchymatous degeneration of the liver, acute hemorrhagic nephritis, parenchymatous degeneration of the heart muscles, and ecchymoses in the pleura, peritoneum, endocardium and pericardium, The spleen was much enlarged. Kobert in his text-book on "Intoxicationen" points out that after 1 gram (15 drops) doses of guaiacol slight appearances of poisoning may supervene. These are characterized by a burning feeling in the stomach, nausea, etc. In one case in which 15 grams (3 2-3 drachms) were accidentally taken by a patient in the Dorpat Clinic, the stomach was immediately washed out and the patient was rescued. However, unconscionsness set in, the pupils became contracted, the breathing irregular and the intensely dark appearance of the urine was very noticeable.—*Canada Lancet.*

To Hide the Taste of Chloral.

Dr. E. Holland calls attention to the fact that the taste of chloral hydrate is effectively masked by lemonade, Two or three drachms of the syrup should be placed in a tumbler with about two ounces of water. If to this is added about 2 ounces or so of gaseous (bottled) lemonade, the mixture may be drunk at leisure, and the soporific action of the drug is in no way impaired.—*Medical Bulletin.*

State Examinations to Procure a License.

Stats examination to procure a license to practice medicine is required in the following States: Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, South Dakota, Texas, Utah, Virginia, Washington and certain parts of Indian Territory.

Bona fide diplomas from recognized medical institutions are accepted by examining boards, State Boards of Health or County Court officers, *without examinations*, in California, Colorado, Connecticut, Delaware, Illinois, Iowa, Missouri, Montana, New Mexico, Oklahoma, Oregon, Tennessee, West Virginia and Vermont.

Maine, New Hampshire, Massachusetts and Rhode Island appear to have no legal restrictions other than the possession of a diploma.

We hope to see the day at no distant future when all candidates for a license to practice medicine shall possess a *bona fide* diploma from some recognized four years medical college and be obliged to pass a medieal examination under State supervision as well, before they shall be entitled to a license or be permitted to practice medicine in California.

There are already about 200,000 practicing physicians in the English speaking world. Of these 100,000 are in America and over 3,000 in California. Our advice to physicians is to come to California—for their health only.—*Pacific Medical Journal.*

Cold Water as an Antipyretic.

Dr. Fisher has arrived at the following conclusions:

1. That cold water is the best antipyretic used to-day.

2. That it is easily obtainable, and is therefore adapted to all classes of cases, both rich and poor.

3. The mode of application is so simple that it adapts itself to the hospital, and equally as well to private practice, ahd can be applied without any distinct training.

4. Cautiously given it stimulates.

5. Carelessly used and longer than required, it depresses, and will produce subnormal temperature.

6. That rectal temperature should be taken, and the bath at once discontinued when temperature falls to 101°, as it will then continue to fall.

7. That a stimulant administered before the bath may be necessary, and should be given where there is a feeble heart.

8. That the temperature indicates when to commence, and when, also, to discontinue the hydropathic treatment.

9. Unnecessary blanketing after the bath is injurious, and will produce copious perspiration, which I believe weakens the patient.

10. The temperature of the room should always be between 68° and 72°.—*Post Graduate.*

Lactophenin.

Roth (Wien. klin. Woch.) discusses the use of this drug in acute rheumatism. It has hitherto been chiefly used as an antipyretic, hypnotic and antineuralgic. The author draws attention to the occasional failure of the salicylates in acute rheumatism, and to the dangers at times attending the use of antipyrin, antifebrin and even sulphonal. He has noticed after lactophenin a temporary feeling of weight and heat in the epigastrium, which has disappeared on fuather use. Occasionally there has been some cyanosis, but without other symptoms. The dose given has been from 5 gr. to 1 gr., and this may be increased up to 6 gr. in the day He refers to the use of this drug in enteric fever by v. Jaksch. Lactophenin has also been used in pheumonia, influenza, erysipelas, acute febrile tuberculous affections, scarlatina. sepsis, and acute and chronic rheumatism, but the number of cases of acute rheumatism is small. The author gives details of 8 cases of this disease, and refers to 20 more in which he has used lactophenin with good results. He concludes (1) that the pain and swelling disappear generally within forty-eight hours; (2) that the temperature continues low; and (3) that no unpleasant effects were observed, notwithstanding large doses. He has also found lactophenin useful in some cases of chorea and in the pains of locomotor ataxy. Lactophenin is worthy of being placed along with the salicylates as an antirheumatic.—*Ex.*

Advice as to Stimulants.

In a very interesting work by Dr. George Herschell, of London, called "Health Troubles of City Life," the writer says:

"Stimulants never increase the natural capacity of the brain. They can only abstract for the purpose of work in hand some of the energies which are sorely needed to repair and restore a brain which has already been taxed to the furthest limit which is consistent with health. To remove the sense of fatigue caused by overwork by the consumption of alcohol is to close one's ears to the voice of nature. The weariness of the brain is a protest against further exertion until recuperation has been obtained by rest; and if the weary feeling is deadened or destroyed by adventitious means, nature will exact her penalty. When the overworked man of business, having been on his legs all day and feeling fit to drop, with a sensation of 'all-goneness' about the region of the stomach, rouses himself with whatever he is in the habit of taking, be it whiskey, champagne, or even tea or coffee, he does not add one atom of force to his stock of energy, although he fancies he does, but having put to sleep his sense of weariness, simply appropriates some of his reserve for the present necessity. He has accepted a bill at a short date to which a ruinous rate of interest is attached, and his resources will not allow him to make many

repetitions of the experiment. His account at the bank of life will soon be overdrawn. Alcohol cannot add one iota to his reserve of nervous energy, but it may delude him into exhausting it. The busy man should once for all rid himself of this fancy that he can create by artificial means an abnormal store of brain power. He cannot enlarge the limits which nature has set up."—*Canada Lancet.*

Vinum Ipecacuanhæ as an Oxytocic.

A contributor to the Brit. Med. Jour. says: "In the course of general practice extending over many years I invariably carried a bottle of vinum ipecacuanhæ in my midwifery bag, and rarely, if ever, gave a dose of ergot in the first stage of labor. Time after time on coming to a confinement case where the pains had been feeble and inefficient or had totally ceased, two or three 10 or 15 minim doses of the wine at intervals of ten minutes had been followed in a surprieingly short time by energetic uterine action, with a rapid termination of the labor. It never produces the quasi-tetanic contraction so often met with as the result of ergot, the pains continuing to recur regularly, just as they do in natural labor, but with greater force and at shorter intervals. Conviction of the value of the drug for this purpose induces me to give my experience of it, believing that its merits will be recognized by any one who chooses to give it a trial."—*Medical Times.*

Copper Arsenite in Therapy.

A number of cases are described by Dr. A. Hedlicka in which he employed copper arsenite locally, with almost universal success in the various acute and sub-acute inflammations of the mucous membranes, attended with pain, suffusion, and more or less watery discharge. He found it most efficient in solutions of 1:50,000–100,000. These solutions are easily made by dissolving a 1-100 grain pellet in 1½ ounces of water; they are applied at intervals rarely longer than an hour (bladder, urethra, and nose), and frequently not longer than from 10 to 15 minutes.

The remedy is rather indifferent in cases where the discharge is thick or persistent, unless the affected surface be previously thoroughly cleansed.

The duration of the treatment ranged from a few hours to two or three days in mild cases, from several days to three months in severe cases. The author pretends to have never failed; relief being nearly always instantaneous, no other remedies were needed.—*N. Y. Med. Jour.*

Nitrate of silver stains are easily removed by painting the part with iodine and then washing in dilute aqua ammoniæ.

A New Method of Shortening the Tendo-Achillis.

Phocas objects to Willet's method ("St. Barth. Hosp. Rep.," 1886,) of excising a portion of the tendon for this purpose, and also to Gibney's, in which the tendon is divided, no portion being excised (Rev. d'Orthop., 1880, pp. 217 and 244.)

In both of these methods the sutures include the skin with the tendon. The author contends that it is not sensible to divide, much less resect, a tendon which it is proposed to strengthen, and considers it a forlorn hope to attempt to make the cicatrix perform the function of the tendon. He proposes the following method, and reports a case, but one too recent to be considered a cure.

A median incision five or six centimeters long is made over the tendon, the sheath opened and the tendon carefully denuded. It is then transfixed laterally at the upper end of the wound by a bistoury which is carried down the middle of the tendon by a sawing motion. The porterior flap is cut away above and below. The anterior part of the tendon is thin enough to be folded on itself, and this is now done, the freshened surfaces together, thus shortening it one-half the length of the incision, and the fold stitched together with catgut. The sheath is closed, and the skin also, separately. The foot is then put up in equinus in a fixed dressing. —*Rev. d'Orthop.*

A New Method of Making Palatable and Digestible Milk.

Dr. Robert T. Edes, of Boston, gives a valuable way of preparing milk where other methods have not proved useful:

A pint of milk is gently warmed. Into it is dropped, very slowly and with constant stirring, about twenty minims of the dilute hydrochloric acid of the United States Pharmacopœia. The milk should be stirred until it cools. In this way a very fine flocculent coagulum is produced, floating in the whey, which is easily accessible to the digestive secretions, while the whole fluid has lost somewhat of the flat and cloying taste which makes it unacceptable to so many. It wlll be noticed that milk prepared in this way differs from the various "wheys" in the highly important particular that the casein is retained and used, instead of being separated out as a distinct product, while it avoids the bitterness of pancreatinized milk. —*Boston Medical and Surgical Journal.*

For Rheumatism.

The following prescription is recommended by the Journal de Medecine de Paris:

R. Salol.....
Etheris.....aa. p. iv
Collodii.....p. xxx
M. Sig.—To be painted about the painful and inflamed joint.

Treatment of Tuberculous Peritonitis.

Guignabert describes a method he employs in the treatment of tuberculous ascites which was first suggested by Rendu. It is most applicable to this form of peritonitis. It consists in introducing a fine trocar and canular through the abdominal wall, midway between the umbilicus and anterior superior iliac spine. While the flow is diminishing, a hypodermic syringe is five times charged with camphorated naphthol, and the contents are passed into the abdomen, the canula being made use of for the purpose. The puncture is subsequently closed by means of asceptic wool and gauze. Hereafter the peristaltic action of the intestine serves to distribute the naphthol, which produces insignificant pain for only a few hours. Furthermore, during the first few days the temperature shows an evening rise and the ascites apparently increases, though the fluid subsequently disappears. Ultimately masses of adhesion will be felt, and these gradually diminish. During the operation the strictest antisepsis is required.—*Boston Medical and Surgical Journal.*

Saline Fluid Subcutaneously in Collapse.

Dr. Harold Williams reports in the Boston Medical and Surgical Journal a case of recovery from profound collapse in cholera morbus by the subcutaneous injection of saline fluid. The case had the usual history. Everything else failing, it was decided to try the salt solution subcutaneously.

For this purpose a reversed aspirator was used, and a quart of the solution, containing fifteen grains sodii bicarbonatis and half a drachm of sodii chloridi at 105°, was slowly injected beneath the skin of the abdomen. The injection of this fluid was following by immediate improvement. The radical pulse became distinctly evident; the respirations became more rapid and full; the surface of the body warmer. From this time there was progressive improvement, and the patient recovered.—*Ex.*

Alcohol in Shock.

Dr. Wood is authority for the statement that "alcohol is probably of no value whatever in shock. Indeed, I am perfectly sure that a large dose of alcohol in shock puts one nail in the coffin of the patient, and if you want your patients to come out of shock you will be very careful in giving them alcohol. Alcohol stimulates the heart but paralyzes rather than stimulates blood vessels." The theory is, "by its action on the blood-cells it checks oxidation and limits the power of absorbing oxygen and eliminating carbolic-acid gas."—*Omaha Clinic.*

"Of his diete
measurable was he,
For it was
of no superfluitee
But of gret nourishing and digestible."

—*Chaucer.*

"PRINCESS YAN-KIE-FIE," now in Press. Send for it.

The Doctor of Physic described by old Chaucer, who lived and practiced "many moons ago," must have been a man of considerable erudition, for the above quotation, with its quaint phraseology, accurately describes the principles upon which **LIQUID PEPTONOIDS** is prepared. We beg also to be allowed to add that it possesses advantages not enumerated by Chaucer, namely: Palatability, Peptogenic effect and absolutely aseptic condition, and that therefore it is verily an ideal food for the sick.

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POSITIVE MERIT AS A REBUILDER.

DOSE:—One teaspoonful four times a day.

OD CHEM. CO., New York.

Laminectomy.

Inasmuch as considerable has been written of late touching the operatioh of laminectomy, and as there is still no reasonable uniformity of opinion, the conclusions of Dr. A. Parkin, surgeon to the Victoria Hospital, Hull, England, based upon six recent cases, may well be put forth:

1. That extension and counter-extension af the spine, however carefully applied, has little or no effect on cases of paraplegia.

2. That, as a rule, laminectomy has an immediate effect on the paralysis when due to caries of the spine, and that most cases so treated recover entirely from their paralytic symptoms.

3. If the tuberculous focus can be eradicated from the vertebræ there is every prospect of the result being permanent, otherwise relapses may take place. or further tuberculous disease elsewhere.

4. It is possible by means of laminectomy to considerably improve cases of severe deformity from spinal disease.

5. That advanced cases of spinal caries, in which it is probable that a caseous mass exists, may be greatly benefited by laminectomy and the direct treatment of the diseased focus.

6. That the operation itself is not a difficult one, unless there is grave respiratory trouble. It does not interfere with the future stability or mobility of the spinal column; the disease for which such operation is performed may, however, do so.—*Brit. Med. Jour.*

New Operation for Removal of Enlarged Cervical Glands.

Dollinger (Centralbl. f. Chir.) describes an operation for the subcutaneous extirpation of tuberculous lymph glands in the neck and submaxillary region. The posterior half of the scalp having been shaved and the whole of the scalp and the skin of the affected side of the neck carefully disinfected, an incision is made commencing behind the external ear and carried in a curved line with the convexity backward and downward toward the middle line of the neck behind. The skin and superficial facia are divided, and the anterior and lower flap is undermined by finger and elevator until the enlarged glands are reached; these, if they have not broken down or contracted firm adhesions with surrounding soft parts, may now be readily detached by the elevator and drawn through the wound. The skin forming the lower flap is so yielding, especially in women and children, that it is possible by this operation, the author asserts to reach glands situated near the chin, and even those in the supraclavicular region. The wound, when made under strict antiseptic precautions, heals quickly, and the scar is hidden by the new growth of hair.—*Ex.*

Abrasions of the Skin.

Tinct. benzoin comp. is of especial value, according to Dr. J. L. G. Sherrill (Amer. Therapist), in abrasions of the skin, in conditions such as chapped hands, lips, fissured nipples, etc. It is also of service in eczema where there is a tendency to cracking. The peculiar benefit to be derived from its use in such conditions lies in the fact that after evaporation the gum forms a thin coating over the abraded surface, in this way protecting it from external influences and also from infection. The surgical use of compound tincture benzoin should be more widely extended, In case of injury about the hand—whether it be slight incision in which suture would not be necessary, or whether it be excessive laceration and contusion, and especially injuries occurring in the use of machinery—he has found the application of compound tincture benzoin to be especially useful. The manner in which it should be used is as follows:

After carefully cleansing the wouud, removing all foreign substances, irrigating the wound with an antiseptic solution if there is any chance or indication of infection, and thoroughly checking all hemorrhages, a layer of surgical cotton is placed around the wound. If the injury is about the hand the fingers should, of course, be separated and kept apart by layers of cotton. After cotton is applied the compound tincture benzoin is poured down next the surface of the wound, saturating the cotton immediately surrounding the injured tissues. The drug after undergoing evaporation, will form a coating with the cotton which will hermetically seal the part, thereby rendering it perfectly aseptie. Benzoin in itself is an antiseptic, although of inconsiderable strength. There will be some slight smarting upon the application of this tincture, which, however, will not seriously inconvenience the patient, and which is due entirely to the fact that it is carried by an alcoholic medium.—*Ex.*

Treatment of Seborrhœic Eczema in Children.

Feulard (Jour. des Prat.) observes that attention must be given in the first place to the diet, which should be limited to milk, with the addition, in older children, of eggs. In the local treatment the first step is the removal of crusts, which may be effected by using warm coal-tar lotions, preceded, if necessary, by poultices. After the crusts have been removed he uses gauze compresses soaked in a solution of resorcin (6 in 1,000). These are kept constantly applied to the scalp by day, and are applied frequently to the face. By night an ointment is used, consisting of one part of balsam of Peru to 30 parts of vaseline- Later he uses fine starch powder or a powder consisting of equal parts of starch and carbonate of bismuth. Recovery is rapid if the instructions as to diet are strictly obse.ved and the dressings used with regularity.—*Ex.*

The Relief of Spasmodic Retention of Urine.

Excessive irritability is one form of interference of the higher centers; the other form is spasmodic retention. Thus when a man wishes to pass water he is anxious, especially if some one else is standing by and waiting, as in a public urinal, to make water in a hurry; the desire to make water quickly prevents him from passing it at all. This form can frequently be relieved by some such plan as that adopted by Boerhaave. He lived before taps were so common as now, and he used to have a screen in his consulting-room behind which was placed a tall footman. When he desired any of his patients to pass water, the footmsn, at a given signal from him, poured water from a water-bottle into a basin on the floor, so as to imitate the sound of a person passing water, and this at once had the desired effect. If in the out-patients' department you want to get a specimen of water quickly, in order to examine it, the best thing you can do is to tnrn on a tap, and if that is not sufficient leave the patient to himself and tell him there is no hurry whatever. As a rule, if there is more than two teaspoonfuls of water in the bladder, you are sure to get it by this plan. Sometimes, also, when there is no water running, if the patient only thinks of the sound of running water it will make the bladder act. The introduction into the urinals at railways stations of constantly running water has been of great service to many. Some passengers can now empty their bladder at a railway station who conld not have done it before, although it poes not occur to them that the constant running of water has anything to do with the evacuation of the bladder; it has, however, a great deal to do with it. Washing the hands with cold water is another help, as also the application of a cold wet sponge or hot water to the perineum; and making the patient sit down in a hot sitz bath will frequently enable him to pass water into the bath when he could not do it otherwise.—*N. Y. Medical Times.*

Night-Sweats---Treatment.

The July number of the Brooklyn Medical Journal contains a valuable report on the treatment of night-sweats of pulmonary tuberculosis. Only individual drugs were employed for the purpose named, and while many were subjected to the test during a period of five years of clinical experimentation, but eight proved successful to any practical degree. Among those having more or less therapeutical value were aromatic sulphuric acid, camphoric acid, chloralamid, muscarine, oxide of zinc, atropine, tincture of belladonna and agaricin.

The latter drug, according to the reporter, Dr. Henry Conklin, ranked first, and concerning it he comments as follows:

This was the most successful of all the drugs. It produced most excellent results in young subjects. Under its use the skin remained in a

dry condition, without suspicion of any kind of cutaneous activity. It was very successful in cases where, during its use, the sweating had disappeared and had returned after the drug had been discontinued for a time. Repetition did not weaken its power. Of all the remedies, it acted best in the first few administrations. Subsequent ones sometimes failed. It can be used for any length of time and has no disadvantages.

Agaricin was given in pill form, gr. 1-12; one pill at bed-time, or a pill late in the afternoon and a second in four or five hours. This remedy diminished the sweating in one-eighth of the administrations, stopped it in three-fourths, and failed in the remainder.—*Ex.*

Apocynum Cannabinum in Heart Disease.

A. G. Glinski (Vratch), after having proved by experiments on cold-blooded and warm.blooded animals that the root of the apocynum cannabinum contains a strong poison which in large doses paralyzes the heart, and when given in small quantities retards and strengthens its beats, decided to take it himself, as he is suffering from hypertrophy of the left ventricle, with intercurrent attacks of dilatation of the organ, mitral murmur, dyspnœa, etc. The dose was 15 drops of the fluid extract three times a day. As he found that all his symptoms disappeared in two days, he gave it also to other patients in the same quantity in cases of palpitation, disturbed compensation, in which strophanthus and adonis vernalis had failed and digitalis seemed contraindicated. He gives a full account of some of his cases, and summerizes his experience in the following conclusions:

1. The action of the root of apocynnm cannabinum is similar to that of digitalis without being cumulative.

2. In cases of dilatation the fluid extract rapidly diminishes the area of dullness.

3. It increases the daily amount of urine, stops the palpatation, and promotes the absorption of transudations.

4. With the exception of increased pulsation of the arteries of the head, it has no bad secondary effects. It was used either in the form of a decoction (1 drachm to 8 ounces), three to four tablespoonfuls a day, or tincture (1 in 10), 5 to 10 minims three to four times daily, or fluid extract in doses of 10 minims to half a teaspoonful three times daily,—*Ex.*

Thuja in Exophthalmic Goitre.

Dr. C. Sargent, of Taos, N. M., claims excellent results from treatment of exophthalmic goiter, with enlargement of thyroid the size of a hen's egg, with thuja occidentals. In a brief period of time the result was marked by "no more eye trouble, no palpitation of the heart and the enlargement of the thyroid all gone.—*Med. Standard.*

Reflex Cough Due to Ear Disease.

Lavrand calls attention to the fact that in many patients affected with ear disease a blunt hook, curette, or speculum, when introduced into the internal auditory meatus, provokes cough, which disappears when the instrument is withdrawn. He has obtained this reflex in twenty-one per cent. of all the patients that he has examined. He states that at times, from disease of the auditory canal, the cough occasionally becomes very distressing and persistent. He cites a case reported by Percy Jakins in which there were all the signs of beginning tuberculosis, such as cough, exhaustion, night-sweats, occasional delirium, and mucous rales throughout the chest. Both meatuses were plugged up with accumulations of wax, and when these were removed the pulmonary symptoms abated. The reflex cough is explained by the anatomical fact that the auricular branch of the pneumogastric has its origin in the jugular ganglion, or is given off from the trunk of the pneumogastric immediately below that situation, and proceeds by way of the jugular fossa and the Fallopian canal to the posterior part of the external auditory canal. Observation has shown that this cough is produced only by irritation of the postero-inferior wall of the canal near the tympanum, and the reason that all do not suffer with auricular reflex cough when disease is present may be in part due to an anomaly of innervation in that particular individual. The author finds no relation existing between the more or less nervous condition of the patient and the occurrence of this reflex. The cough which is produced has no distinct characteristics; sometimes it is paroxysmal, resembling that of whooping-cough; sometimes explosive, short, harsh, and barking, and, unless there is catarrh of the passages, it is not accompanied by expectoration.—*Journal des Sciences medicales de Lille.*

Methyl-violet in Diphtheria,

Methyl-violet is practically uniaritating to the faucial and gastric mucous membranes, and can be used in almost any desired strength as a topical application, or may be administered internally in pill form in doses of one-tenth grain to one grain, from one to three times a day.

As a local application to the throat in diphtheria a solution is used, the strength of which may vary from one to ten per cent., usually a two per cent. solution. The effort is made to apply the solution, by means of a cotton swab, as accurately as possible to the diseased area. It is not, however possible to limit the agent in most cases to the diseased spot, but the healthy mucous membrane becomes deeply stained by the agent.

It was used in twenty-six cases of diphtheria and only two died, both of which had laryngeal involvement.—W. P. Munn, (Denver, Col.,) in *Pittsburg Med. Rev.*

Paralysis of the Elevators and Depressors of the Eyeball.

Dr. Charles Wray, in the London Lancet, gives two simple methods of pointing out the action of the four muscles involved in elevating and depressing the eye, and the situation of the false images when they are paralyzed. The action of each muscle, aud the inclination of the false image when the muscle is paralyzed, are represented by four radii drawn from the centre of the cornea, and forming a figure like the capital letter X.

For the examination of these muscles the author sets forth the four following rules, which enables one to rapidly diagnose which muscle is paralyzed:

1. If the diplopia exists in the upper portion of the field of vision, the upper image belongs to the eye paralyzed.

2. If there is diplopia in the lower portion of the visual field, the lower image belongs to the eye paralyzed.

3. The paralysis of an oblique muscle gives rise to an internal strabismus and homonymous diplopia.

4. The paralysis of a straigat muscle gives rise to an internal strabismus and crossed diplopia.

Inocculability of Carcinoma into Healthy Parts of the Bodies of Cancer Patients.

Two cases are reported, of which the second is of especial interest. The first case was one of carcinoma of the vagina, which had developed upon that point where the vaginal wall was in contact with the cancerous ulcer of the portio. But the other case, carcinomatosis of the peritoneum, developed subsequent to an ovariotomy. Small cancer nodules occurred in almost all of the suture wounds of the abdominal incision, while the incision itself remained unaffected. The theory of "inoculation recidive," which has been so thoroughly considered by Winter, appears to have received additional support.—Dr. Sippel in *Cent. f, Gynæc.*

Quinine pills and capsules are very insoluble, often being discharged undissolved. Febriline, or Tasteless Syrup of Quinine, has been found to be just as reliable in all cases as the bitter sulphate of quinine, and physicians will find it to their advantage to use it for adults, as well as children, in place of pills and capsules. It is as pleasant as lemon syrup and will be retained by the most delicate stomach, having also the advantage of not producing the unpleasant head symptoms of which so many patients complain after taking the quinine sulphate. Possessing these advantages, physicians will find it superior to the quinine sulphate for all cases requiring quinine, particularly typhoid fever patients.

The Treatment of Deviation of the Nasal Septum.

The septum may be forced into position without the employment of cutting or lacerating instruments (efficacious mainly when the deviation is confined to the cartilaginous portion of the septum), or prominent portions of the septum may be first removed with a suitable instrument, or the septum may be incised with a knife, or straightened by the employment of pins or by fracturing the septum with comminuting forceps. The writer gives an interesting summing up of the instruments and measures used by different writers for this affection, and describes his own forceps for fracturing the septum. Operation is demanded where there is nasal stenosis or where there is pressure between the deflected portion and other parts of the nasal passage. The first step is to place the septum and turbinated bodies on the concave side of the septum in a normal condition. The septum is to be reduced as far as possible to normal thickness. In the majority of cases incisions with a bistoury on the convex side are necessary before using the redressing forceps. Wounding the mucous membrane on the concave side should be avoided. In many cases a twenty per cent. solution of cocaine will be sufficient to render the operation painless, especially with the use of a little chloroform just at the time of fracturing. The septum is held in position by a plug (made by wrapping wool or cotton around a small metal plate) in the previously obstructed nostril. Before and after the operation the nose is cleansed with a saline solution of 1 to 5,000 bichloride of mercury. The dressing may be left *in situ* four or five days before changing.—John O. Roe in *New York Medical Journal.*

Chloroform in the Treatment of Chorea.

When the convulsive movements of chorea are of sufficient severity to interfere with the indigestion of food, or sleep is prevented by the attacks, there is great danger of rapid exhaustion, and even death may be apprehended. In such cases chloroform will prove a veritable boon. Not only will the anæsthetic induce perfect relaxation and relief from the present attack, but the insensibility produced by it often passes into natural sleep, and the patient awakes refreshed and completely rested, with marbed abatement of the hitherto constant movements. The improvement in some cases is marvelous. Not only is the sufferer allowed a much-needed rest by this means, but the attacks are delayed, their intensity mitigated, nourishment may be taken with relish, and a decided change in condition results. In the beginning, it may be necessary to use the chloroform three or four times daily, but as improvement occurs, only one administration in the twenty four hours will be found necessary. Usually a month is required before the permanency of the cure is established.—*Louisville Medical Journal.*

An Old Medical Protest Against Railroad Trains.

According to La Medecine Moderne, there is preserved at Nuremberg, in the archives of the first railroad company built in Germany, a protest offered at the time of the construction of the line, by the physicians of Bavaria. Among other reasons given for opposing the scheme is this psychological one :

"Traveling in vehicles drawn by a locomotive ought to be forbidden in the interest of public health. The rapid motion cannot fail to produce in the passengers the mental affection known as *delirium furiosum.* Even when travelers consent to expose themselves to this danger, the government at least is in duty bound to protect the public. A single glance thrown upon a locomotive passing at great speed is sufficient to cause the cerebral derangement. It is accordingly necessary to build a fence three metres high on each side of the railway tracks."—*Boston Medical and Surgical Journal.*

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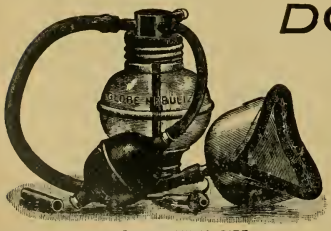

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It is well to know that the appearance of sugar in the urine of puerperal women is not, *per se*, to be accepted as evidence of any morbid condition calling for urgent measures. Sugar, in greater or less amount, is present, according to Dr. Lewers, in the urine of most puerperal women, but even when comparatively abundant its presence was not associated with the classic collateral symptoms of glycosuria. The amount indeed stands in some sort of relationship to the lacteal secretion, or rather excretion; when the flow is free, whether copious or otherwise, the amount of sugar discoverable in the urine is small. If, however, the output of milk is checked in any way, mechanically or otherwise, a certain proportion of the lactose is eliminated by the kidneys, giving rise to passing glycosuria. Belladonna, probably by reason of its effect in diminishing the excretion of milk, increases the percentage of urinary sugar. It is to be supposed that the glycosuria disappears when lactation comes to an end, but as a matter of fact it has seldom been possible to continue the observations a sufficient length of time to ascertain it by direct examination.—*Medical Record.*

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The Action of Calomel and Olive Oil.

Victor Schultz (Berlinger klinische Wochenschrift) has noticed that in a patient upon whom a necropsy demonstrated that no gall stones existed, a few hours after the administration of olive oil the gali-bladder, which up to that time, had been soft and insensitive, became very tense, sensitive and painful, and then acquired that degree of painfulness which could be characterized as gall-stone colic. The significance of the fact is that the ingestion of olive oil is followed by a marked excretion of bile. As regards calomel, it has no influence upon a markedly increased biliary excretion; but rather, in gall-stones and diseases of the biliary passages, it acts not by increasing the biliary excretion, but by its disinfecting properties, thus diminishing the abnormal irritation of the mucous membrane of the gall-bladder.—*Medical Joxrnal Med. Sciences.*

The Treatment of Sciatica.

Dr. Græme M. Hammond, of New York, (Post Graduate,) discusses the treatment of rheumatic sciatica, or that arising from cold. In mild cases, ten or fifteen grains of phenacetine will usually afford relief, but in many cases this will not suffice. Morphia should be given under the skin, ond injected deeply into the part. Enough should be given to afford comple relief, as this seems to have a special action on the course of the disease. Perfect rest in bed will cut many cases short that might otherwise be very obstinate. The constant application of heat, as in hot rubber bags, is of the greatest value. The constant electric current is also an agent of much value in the tseatment of these cases. Patients feel relief after each applicatiou.—*Dominion Med. Monthly.*

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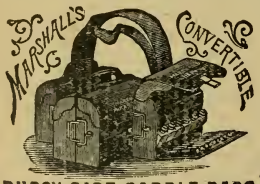

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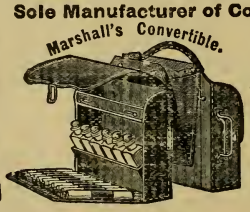

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Chronic Gonorrhœa.

℞ Hydrarg. ox. flav..... gr. iv
Lanoline,.....
Vaseline.....aa ℥ ss
Ol. oliviæ, q. s.

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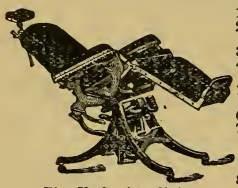

Fig. V—Semi-Reclining.

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2nd. Raising and lowering without revolving the upper part of the chair.—Fig VII.
3rd. Obtaining height of 39½ inches—Fig VII.
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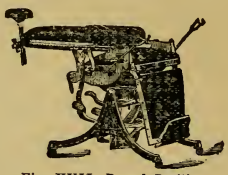

Fig. XVII—Dorsal Position.

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The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Detention, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

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DOSE:—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age. Prepared at the Chemical Laboratory of

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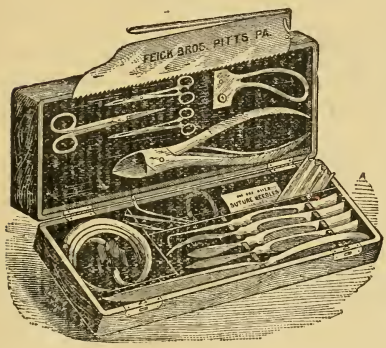

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Each fluid drachm contains:

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MEDICAL PROPERTIES.

The greatest *value* of this *combination* is, that it often relieves those *obscure* and *chronic obstructions* to *gland action*, whether of the great glands as the *kidney, liver, pancreas*, or of the *lymphatic system*, which may exert so great an influence for evil on the economy. It seems to continuously increase its gain of confidence of the Medical Profession, as its use is indicated in a wide range of diseases, particularly so in *pernicious anæmia*, many forms of *skin diseases*, both *scaly* and *papular*; has remarkable curative effects in *specific diseases* and other manifestations of *systemic infection*; in females suffering from *chronic uterine* and *pelvic diseases*, and in all kindred complaints, where an *alterative* and *tonic* is indicated.

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Bromide Potassium 5 grains, Bromide Sodium 5 grains, Bromide Ammonium 3 grains, Bromide Calcium 1½ grain, Bromide Lithium ½ grain, Bromide Iron ½ grain WITH AROMATICS.

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The Hypophosphites are as much of a *FOOD* as a *MEDICINE* for the Nervous System.

Unequaled as a Reconstructive Remedy. Only the Chemically Pure Salts enter into its combination.

FORMULA.

Each fluid ounce contains.

Hypophosphite Iron 2 grains, Hypophosphite Lime 2 grains, Hypophosphite Manganese 1 grain, Hypophosphite Potassium 2 grains, Hypophosphite of Quinine 1 grain, Hypophosphite Strychnine 1-16 grain.

MEDICAL PROPERTIES.

This is one of the few happy combinations, of whose therapeutic value the Physician has always been convinced. The *ELIXIR OF SIX HYPOPHOSPHITES* is not only made from chemically pure salts, but is *pleasant* and *agreeable* to the *taste*, and is most *reliable* and *efficient* in its *action*. This remedy has had a high reputation in *Scrofulous Diseases* and *Defective Nutrition* of the *Nerve Centers*, furnishing *Phosphorus* to the Tissues, thus acting as a *Nervous Stimulant*. As a *Nutrient* and *Restorative* in *Pulmonary Consumption, Bronchitis, Asthma, Dyspepsia, Nervous Exhaustion, General Debility* and *Chronic Wasting Diseases*, it cannot be overestimated, and for the restoration of feeble and exhausted constitutions, whether occurring in infancy or old age, is invaluable.

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There are few disorders that cause so much mischief as **CONSTIPATION.** The **ELIXIR SIX APERIENS** is recommended as a *pleasant, efficient* and *trustworthy* remedy for *obstinate constipation* of the Bowels and the Diseases which attend it, as *Headache, Flatulence, Piles, Liver, Stomach, Intestinal* and *Uterine Troubles*, and the MANY OTHER AILMENTS which the physician can trace to *FÆCAL RETENTION*. Amongst the many advantages this Elixir has, it does not tend to leave the Bowels in a confined state, but strengthens the Muscular Fibres of the Intestines, thereby producing permanent benefit upon the Peristaltic Action of the Bowels. The tendency to griping and nausea produced by the ordinary Cathartic is overcome by this elegant Pharmaceutical Preparation which MOVES THE BOWELS GENTLY WITHOUT PAIN OR OTHER INCONVENIENCE. We attribute its mild and efficient action on the Bowels to the *combination* of the Six well-selected Laxatives.

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